FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024903 (5)

GEOR	GE & SONS, INC.	·	•		
Principal Place of Business Mailing Address 4830 BALBOA DR 6094 TARAWOOD DRIVE ORLANDO FL 32808 ORLANDO FL 32819 US			Æ	DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified 04/01/1993	
	Place of Businoss	2a. Mailing Address		4. FEI Number	Applied For
21 Suito Ant	# atc	26 Suite Apt # ste		59-3226873	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curr	29	30	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No
	EORGE, DAVIO	talietotan Lilatu	81 Name	10. 11mile Billy Language of 110% 110Allator	
4830 BALBOA DR ORLANDO FL 32808				82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable (NC IND DIRECTORS	OTE: Registered Agent signature requ	aired when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS.	
TIFLE	D	☐ DELETE	1 + TITLE		Change Addition
NAME	GEORGE, R D		1.2 NAME		
STREET ADDRESS	6094 TARAWOOD DR ORLANDO FL 32819		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	GEORGE, DAVID D	-	2.2 NAME		_ • •
STREET ADDRESS	4630 BALBOA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3 2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		_ • •
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE.

R.D. GEORGES

A LIZERS

SIGNATURE.