

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 3:25

DOCUMENT # P93000047763 (6)

1. Corporation Name

G & M ASSOCIATES AND MANAGEMENT SERVICES, INC.

Principal Place of Business

4909 W NASSAU ST
TAMPA FL 33607

Mailing Address

4909 W NASSAU ST
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

03/29/1994

4. FEI Number

59-3191058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 6511 43RD ST NORTH

2a. Mailing Address

26 Suite, Apt. #, etc.

22 1807

27 Suite, Apt. #, etc.

23 PINNELLAS PARK

28 City & State

24 34665

29 PINNELLAS

30 City & State

9. Name and Address of Current Registered Agent

THOMPSON, GERALD J
4909 W NASSAU ST
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name GERALD J THOMPSON

82 Street Address (P.O. Box Number is Not Acceptable)
6511 43RD ST. NORTH

83 UNIT 1807

84 City PINNELLAS PARK FL

85 Zip Code 34665

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Gerald J Thompson

(NOTE: Registered Agent signature required when re-registering)

DATE

6/12/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, GERALD J
STREET ADDRESS	4909 W NASSAU ST
CITY - ST - ZIP	TAMPA FL 33607
TITLE	D
NAME	THOMPSON, MICHAEL J
STREET ADDRESS	4909 W NASSAU ST
CITY - ST - ZIP	TAMPA FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald J Thompson President GERALD J THOMPSON 6/12/95 813-525-3866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature / Name