

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058208 (8)

1. Corporation Name

GB INVESTMENT & COMPANY, INC.



Principal Place of Business

Mailing Address

1350 TRADEPORT DR.
SUITE 101
JACKSONVILLE FL 32218

780 JOHNSON FERRY ROAD
SUITE 250
ATLANTA GA 30342
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

04/03/1995

4. FEI Number

59-3196207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

BEAVERS, BOBBY L
WILMA SOUTH MANAGEMENT CORP.
1350 TRADEPORT DR., M SUITE 101
JACKSONVILLE FL 32218

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BEAVERS, BOBBY L
STREET ADDRESS 1350 TRADEPORT DR., #101
CITY-STATE-ZIP JACKSONVILLE FL 32218

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE DP ☐ DELETE
NAME GRAHAM, CHARLES D.
STREET ADDRESS 780 JOHNSON FERRY RD., SUITE 250
CITY-STATE-ZIP ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE S ☒ DELETE
NAME LEONARD, MARY ELLEN
STREET ADDRESS 780 JOHNSON FERRY ROAD, SUITE 250
CITY-STATE-ZIP ATLANTA GA

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Karen S. Graham
3.3 STREET ADDRESS 780 Johnson Ferry Road, Suite 250
3.4 CITY-STATE-ZIP Atlanta, GA 30342

TITLE V ☐ DELETE
NAME MARSH, SUSAN J.
STREET ADDRESS 780 JOHNSON FERRY ROAD, SUITE 250
CITY-STATE-ZIP ATLANTA GA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen S. Graham

Karen S. Graham

2-5-96

404-252-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)