PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90080 028 ***150.00

DOCUMENT #	P93000058208
4. On a cotton Money	

Corporation Name

GB INVESTMENT & COMPANY, INC.

								(\$20,000; No 10,000 iikii qohi qohi qohi qohi qohi qida iikii iikii iikii qohi q	Ш
Principal Place of Business Mailing Address) 1 (85))561 HE (815) 1101 55(H 5511 5511 5515) 51(E) 151(H 55)	.451	
13350 INTERNATIONAL PKWY. #100 13350 INTERNATIONAL PKWY. STE 100									
JACKSONVILLE FL 32218 ATLANTA GA 32218								DO NOT MORE IN THIS SPACE	
บร			US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
]]								08/16/1993	
Principal Place of Business 2a. Mailing Address								4. FEI Number Applied Fo)r
21 26					·			59-3196207 Not Applica	able
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	ai
City & Stat			- 21	City & State				6. Election Campaign Financing \$5.00 May Be	
23	•		28					Trust Fund Contribution Added to Fees	
Zip		Country	201	Zip	Cou	ntry	•	This corporation owes the current year Intangible	
24	ſ	25	29					Personal Property Tax.	
		and Address of Curre		tered Agent		Γ_		10. Name and Address of New Registered Agent	
	,					81	Name		
BEA\	/ERS, BOBE	BY L				02	Ctro-t *	ddress (P.O. Box Number is Not Acceptable)	
1335	O INTERNA	TIONAL PKWY				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
STE						83			
JACH	KSONVILLE	FL 32218				84	City	■■ 85 Zip Code	
,						l .	,	FL '	
office or n agent. I a	m familiar wit	n, and accept the obliga	ations ot,	Section 507.0505, Fio.	nda Stat	utes	•	corporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registered	-
-	Signature, typec	OFFICERS A			13.	Agen	it signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
12.	V	OI FICENS A	ND DINE	☐ DELETE	1.1 TI	TLE		Control of the contro	ddition
ł I	BEAVERS,	BORRY I			1.2 N				
NAME			#100				ADDRESS		
STREET ADDRESS		ERNATIONAL PKWY	, # 100						
CITY-ST-ZIP		VILLE FL 32218		☐ DELETE	1.4 C	_	r-ZIP	Change Ad	ddition
TITLE	P	0114DLE0 D		☐ DETE 1€	2.1 TI				Joidon
NAME		CHARLES D.			2.2 N				
STREET ADDRESS		ERNATIONAL PKWY	, #100	-			ADDRESS [•	
CITY-ST-ZIP		VILLE FL 32218		D DELETE	_		T-ZIP	☐ Change ☐ Ad	ddition
TITLE	S			☐ DELETE	3.1 TI			□ Change □ Ao	a dio Orl
NAME	GRAHAM,				3.2 N				
STREET ADDRESS		ernational PKWY	, #100				ADDRESS		
CITY-ST-ZIP		<u>VILLE FL 32218</u>		/_	_		T-ZIP		ddilla -
TITLE	٧			DELETE	4.1 TI	TLE	<u> </u>	☐ Change ☐ Ad	ddition
NAME	GATINS, S	JUSAN J			4.2 N	AME			
STREET ADDRESS		ary drive			4.3 S	REET	ADDRESS		
CITY-ST-ZIP	ALPHARE	TA GA 30022			4.4 CI	TY-S	Γ-ZIP		
TITLE				☐ DELETE	5.1 TI			☐ Change ☐ Ad	ddition
NAME					5.2 N	AME	1		
STREET ADDRESS					5.3 S	TREE1	ADDRESS		
CITY-ST-ZIP					5.4 C	TY-S	Γ-ZiP		
TITLE				☐ DELETE	6.1 Tf	TLE		☐ Change ☐ Ad	ddition
NAME ·					6.2 N	ME.			
CTDEET ADDRESS					6.3 S	REE	ADDRESS		

CITY-ST-ZIP 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4 CORRED AME OF SIGNING OFFICER OR DIRECTOR

904-741-4880