FILED

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # n

1. Corporation	Name	063863 (3)			!					
GBU, INC.					ļ					
										19
Principal Plac	e of Rusiness	Mailing Address								is IIII 1881
						}		•		
124 OCEAN GARDEN 124 OCEAN GARDEN P. O. BOX 927 P. O. BOX 927										
CAPE CANAVERAL FL 32920-0927 CAPE CANAVERAL FL 32920						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
3 Principal D	loop of Puninger	On Mailing Address				09/07/1993			A	
·	lace of Business	2a. Mailing Address	~							od For pplicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7		
22		27			5. Certificate of Status Desired			Requi		
City & State		City & State			6. Election Campaign Financing			00 Ma		
23		28	····			Trust Fund Contribution			ed to F	
Zip 24	Country 25	Zip 29	Count	ry		B. This corporation owes or has paid the		nt year Yes	Intang N	
24)	9. Name and Address of Curren	+ 	1301	-		Personal Property Tax due June 30. 10. Name and Address of New Regist			<u>N</u>	
HUN	TER, HAROLD T II		8	il	Name					
109 OCEAN GARDEN LANE			-	2	Stroot Addror	ss (P.O. Box Number is Not Acceptable)				
CAPE CANAVERAL FL 32920			1	"	Sileer Addres	ss (F.C. Box Number is Not Acceptable)		_	_	
			Ē	33						
			ē	4	City			85 Z	Zip Cod	ie
		·		_[_			FL		<u> </u>	
11. Pursuant office or	to the provisions of sections 607,0502 realstered agent, or both, in the State	? and 607.1508, Florida Statute of Florida, Such change was	es, the abov authorized (/e-n by ti	named corpora he corporation	tion submits this statement for the purpose t's board of directors. I hereby accept the	e of cha r appoints	nging its ment as	s regist s regist	tered tered
agent. I s	am familiar with, and accept the obliga	tions of, section 607.0505, FI	orida Statut	es						,
SIGNATURE	Signature, typed or printed name of registered agen	Land title If applicable (N	OTF: Registered	1 Ane	ani sinnatuta ranuira	ed when reinstating) D	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE		DIREC	CTORS	S IN 12
TITLE	PSTD	DELETE	1.1 TITLE				L	Chang	ge [Addition
NAME	BENNIX, WILLIAM		1.2 NAMI	1.2 NAME						
STREET ADDRESS	124 OCEAN GARDEN LANE		1.3 STREET ADDRESS		DDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP						٦
TITLE	DSVP Hunter, Harold T 11			2.1 TITLE 2.2 NAME			L	Chang	ge L	Addition
NAME STREET ADDRESS	108 OCEAN GARDEN LANE		2.3 STREET ADDRESS		nnpeec					
CITY-ST-ZIP	CAPE CANAVERAL FL		2.4 CITY-ST-ZIP							
TITLE			3.1 TITLE		"			Chang	oe	Addition
NAME	Color		3.2 NAM	3.2 NAME			_		, _	_
STREET ADDRESS			3.3 STRE	ET A	DORESS					
CITY-ST-ZIP				3.4 CITY-ST-ZIP						
TITLE	D SOLUTION STATES	DELETE	4.1 TITLE	-			L.	_ Chang	ge	Addition
NAME	ROICHER, CHARLES		4.2 NAM							
STREET ADDRESS	122 OCEAN GARDEN LANE CAPE CANAVERAL FL		4.3 STREET		······· {					
CITY-ST-ZIP TITLE	CAPE CANAVENAL PL	DELETE	4.4 CITY-ST 5.1 TITLE		<u>/IP</u>			Chang		Addition
NAME		() DELETE	5.2 NAMI				h	_ Chang	Je) Agaillon
STREET ADDRESS			5.3 STRE		DDRESS					
CITY-ST-ZIP			5.4 CITY					_		
TITLE		DELETE	6.1 TITLE					Chang	ge [Addition
NAME		1	6.2 NAMI	E				•		
STREET ADDRESS	//		6.3 STRE	FIA	DDRESS					l
CITY-ST-ZIP		4.1. 61	6.4.eTty	51-2	ZIP	440.07(0)(0.17)-34-04-4	m 416 ; 41	nd share f		
14. I hereby certify that the information supplies with this filing does not goalify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report are supplied annual report is true and accuracy 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 of the receiver or flustee annowered to execute this report as sourced by Shanter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chalged only name appears with a practice of the corporation o										

SIGNATURE: