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FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000066561 (0)

1. Corporation Name
G.N.P., INC.

Principal Place of Business

3600 TIBET WAY
SEBRING FL 33807
US

Mailing Address

P.O. BOX 616940
ORLANDO FL 32861-6940
US



2. Principal Place of Business

21 3600 Tibet Way

Suite, Apt. #, etc.

22 City & State

23 Sebring, FL

Zip

24 33870

Country

25 Highlands

2a. Mailing Address

26 3600 Tibet Way

Suite, Apt. #, etc.

27 City & State

28 Sebring, FL

Zip

29 33870

Country

30 Highlands

3. Date Incorporated or Qualified

09/24/1993

3a. Date of Last Report

05/29/1996

4. FEI Number

59-3213571

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

9. Name and Address of Current Registered Agent

NEASE, WILLIAM M. J
6556 PICCADILLY LANE
STE. 1
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

Judy Laws

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

3600 Tibet Way

83

84 City

Sebring

FL

85 Zip Code

33870

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 607.0595, Florida Statutes.

SIGNATURE

Judith B. Laws

Judith B. LAWS

4/11/97

(Type, print, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME NEASE, WILLIAM M JR.
STREET ADDRESS 6556 PICCADILLY LANE
CITY- ST- ZIP ORLANDO FL
☒ DELETE

TITLE DS
NAME GILLOOLY, FAITH M.
STREET ADDRESS 1291 TIVOLI DRIVE
CITY- ST- ZIP DELTONA FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP
12 NAME Bryson F. Hill, Jr.
13 STREET ADDRESS 2705 Artie St.-Bldg.500 Suite 37
14 CITY- ST- ZIP Huntsville, AL 35805
☒ Change ☐ Addition

21 TITLE DV
22 NAME Hugh L. Guthrie
23 STREET ADDRESS 2705 Artie St.-Bldg.500 Suite 37
24 CITY- ST- ZIP Huntsville, AL 35805
☒ Change ☐ Addition

31 TITLE DS
32 NAME Bryson F. Hill, III
33 STREET ADDRESS 2705 Artie St.-Bldg.500 Suite 37
34 CITY- ST- ZIP Huntsville, AL 35805
☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

(205) 539-1776

Date

Daytime Phone #

CR2E034 (9/96)