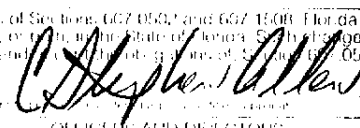
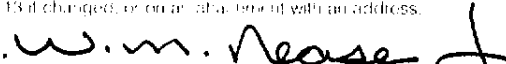


UPDATED ANNUAL REPORT 1998
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000066561 1. Corporation Name: G.N.P., Inc.			
Principal Place of Business:		Mailing Address:	
2. Principal Place of Business: 21 5960 W. Jones Ave. Suite, Apt. #, etc. 22 City & State: 23 Zellwood, FL Zip Country: 24 32796 25		2a. Mailing Address: 26 P.O. Box 1000 Suite, Apt. #, etc. 27 City & State: 28 Zellwood, FL Zip Country: 29 32798 30 US	
9. Name and Address of Current Registered Agent: Laws, Judy		3. Date Incorporated or Qualified: 09/24/1993 4. FEI Number: 59-3213571 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
11. Pursuant to the provisions of Sections 607.0501 and 607.1501, 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 understand the provisions of Sections 607.0501 and 607.1501, Florida Statutes.		10. Name and Address of New Registered Agent: 81 Name: C. Stephen Allen, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): Suite 335 83 4830 W. Kennedy Blvd. 84 City: Tampa FL 85 Zip Code: 33609	
SIGNATURE: 		April 23, 1998	
12. OFFICERS AND DIRECTORS:		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE: DP NAME: Hill, Bryson F. Jr. STREET ADDRESS: CITY-ST-ZIP:		11 TITLE: ☒ DELETE 12 NAME: D/P 13 STREET ADDRESS: William M. Nease, Jr. 14 CITY-ST-ZIP: 5960 W. Jones Avenue Zellwood, FL 32796 ☒ Change ☐ Addition	
TITLE: DV NAME: Guthrie, Hugh L. STREET ADDRESS: CITY-ST-ZIP:		21 TITLE: ☒ DELETE 22 NAME: D/V/S 23 STREET ADDRESS: Faith M. Gillooly 24 CITY-ST-ZIP: 1291 Tivoli Dr. 25 Deltona, FL 32725 ☐ Change ☐ Addition	
TITLE: DS NAME: Hill, Bryson F. III STREET ADDRESS: CITY-ST-ZIP:		31 TITLE: ☒ DELETE 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 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)(c), Florida Statutes. I further certify that the information included on this annual report or supplement thereto 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 person or persons 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 23, 1998 (407) 814-1950

CR2E034 (10/97)

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