## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

City - St - ZiP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000066912 (5)

G N K DEVELOPMENT, INC. Principal Place of Business Mailing Address 504 VAN BUREN STREET 504 VAN BUREN STREET FT. WALTON BEACH FL 33547 FT. WALTON BEACH FL 32547-3651 3. Date Incorporated or Qualified 3a, Date of Last Report 09/20/1993 03/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3211622 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAVAGE, RUSSELL (DOC) **504 VAN BUREN STREET** 82 Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32547 83 84 City Zip Code 85 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. SIGNATORE Stipolities, typical or printed name of registered agent and bits if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DELETE 1.1 TITLE Change Addition THILE SAVAGE, RUSSELL (DOC) NAME 12 NAME **504 VAN BUREN STREET** STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BEACH FL CHY-St-78 1.4 CITY-ST-ZIP Change DELETE Addition THE 2.1 TITLE WALL, KEITH NAME 4687 LOVEGRASS LANE 2.3 STREET ADDRESS STREET ADDRESS CRESTVIEW FL OTY - 51-209 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE **HUTCHENS, LAURIE** 3.2 NAME NAM: 915 BEACHVIEW DRIVE STREET ADDRESS 3.3 STREET ADDRESS FORT WALTON BEACH FL 0:1Y-S1-2iP 3.4. CITY-\$1-2IP Change DELETE Addition THEF 4.1 TITLE 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CiTY-ST-2IP CITY - \$1 - 240 DELETE Change Addition 51 TITLE Tallet MANUA 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DELETE Addition Change DicE 6.1 TITLE 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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: Laure Hutchens baurie Hutchens

5-12-97 9048622944

FILED

May 23 1997 8:00am

Secretary of State