

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000074648 (5)**
1. Corporation Name
G & N, INC.

Principal Place of Business 1836 WIND WILLOW RD ORLANDO FL 32809	Mailing Address 1836 WIND WILLOW RD ORLANDO FL 32809
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2455 Mills Creek Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 2455 Mills Creek Rd. Suite, Apt. #, etc.
City & State 23 Chuluota	City & State 28 Chuluota
Zip 24 32766	Country 25 SEMINOLE
Zip 29 32766	Country 30 SEMINOLE

3. Date Incorporated or Qualified 10/22/1993	4. FEI Number 59-3209996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**NEWELL, DOUGLAS L
1836 WIND WILLOW RD
ORLANDO FL 32809**

81 Name Gouge, Scott W.
82 Street Address (P.O. Box Number is Not Acceptable) 2455 Mills Creek Rd.
83
84 City Chuluota
85 Zip Code FL 32766

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME NEWELL, DOUGLAS L	
STREET ADDRESS 1836 WIND WILLOW RD	
CITY-ST-ZIP ORLANDO FL 32809	
TITLE DP	<input type="checkbox"/> DELETE
NAME GOUGE, SCOTT W	
STREET ADDRESS 1836 WIND WILLOW RD	
CITY-ST-ZIP ORLANDO FL 32809	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 2455 Mills Creek Rd.	
2.4 CITY-ST-ZIP Chuluota, FL 32766	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 an address.

SIGNATURE:

REQUIRED

1-15-98 (467) 977-1108

CR2E034 (10/97)