

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000017349 (9)**

1. Corporation Name
G & G OF JACKSONVILLE, INC.



Principal Place of Business: **7068 HOLIDAY HILL COURT JACKSONVILLE FL 32216**
Mailing Address: **7068 HOLIDAY HILL COURT JACKSONVILLE FL 32216**

2. Principal Place of Business
21 **1919 Nightfall Dr.**
22 Subc. Apt. #, etc.
23 **Neptune Beach, FL**
24 **32266-1517** 25
26 27 28 29 30

3. Date Incorporated or Qualified: **03/04/1994**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-3228301**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
**GRUBBS, DARYL
7068 HOLIDAY HILL CT
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **1919 Nightfall Drive**
83
84 City: **Neptune Beach** FL 85 Zip Code: **32266-1517**

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.

SIGNATURE: Signature (typed or printed name of registered agent and filer) applicable to: 12/01 Registered Agent signature to be filed when available DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRUBBS, AARON C	
STREET ADDRESS	7068 HOLIDAY HILL COURT	
CITY - ST - ZIP	JACKSONVILLE FL 32216	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	GRUBBS, DARYL	
STREET ADDRESS	7068 HOLIDAY HILL COURT	
CITY - ST - ZIP	JACKSONVILLE FL 32216	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1919 Nightfall Drive
1.4 CITY - ST - ZIP	Neptune Beach, FL 32266-1517
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1919 Nightfall Drive
2.4 CITY - ST - ZIP	Neptune Beach, FL 32266-1517
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE: *Daryl Grubbs, VP* 4-9-96 904-270-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)