

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:52

DOCUMENT # P94000031443 (2)

1. Corporation Name

G. B. PROFESSIONAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 1ST REPORT
4. FEI Number 59-3245439	☐ 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	

2. Principal Place of Business		2a. Mailing Address	
21. #106 REGATTA DR NICEVILLE FL 32578		26. #106 REGATTA DR NICEVILLE FL 32578	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BOEHNER, GEORGE #106 REGATTA DR NICEVILLE FL 32578		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		FL	85. Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BOEHNER, CONSTANCE G	1.2 NAME	
STREET ADDRESS	#106 REGATTA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	BOEHNER, GEORGE R	2.2 NAME	
STREET ADDRESS	#106 REGATTA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☒ Addition
NAME	FERERO, KIMBERLY F	3.2 NAME	Jennifer R. Bohner
STREET ADDRESS	10840 SW 120TH ST	3.3 STREET ADDRESS	106 Regatta Dr
CITY-ST-ZIP	MIAMI FL 33178	3.4 CITY-ST-ZIP	Niceville FL 32578
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Constance G. Bohner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 904-678-3721

Date

Telephone Number