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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000038227 (2) DOCUMENT #

FILED Jan 21 1998 8:00am Secretary of State

G, S &	G, INC.			, ,										
								_						
Principal Place of Business Mailing Address														
319 PE BATTLEFIELD 319 P E BATTLEFIELD														
SPRINGFIELD MO 85807 US				SPRINGFIELD MO 65807 US					DO NOT WRITE IN THIS SPACE					
•			`	,,,				3.	Date Incorn	orated or Qual	***	3 51 7(51		
									05/06/19	94				
2. Principal Place of Business				2a. Mailing Address					4. FEt Number				Ap	plied For
21				26					43-1682933				No	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desired See Regulred See Regulred					
City & State				City & State				6. Election Campaign Financing \$5.00 May Be						<u> </u>
23				•			Trust Fund Contribu			"'y 🖂			may be to Fees	
Zip	Country			28				8.			as paid the c			
24	25			29 30				"	8. This corporation owes or has paid the current year Intanguele Personal Property Tax due June 30. Yes No					
	9, Name	and Address of Curr	ent Regis	stered Agent		T		10.		Address of Ne		d Agent		
MO	ORE, BERT	<u> </u>				81	Name	•				·		
102 BAYSHORE DRIVE							Ctront Ad	d (D	O Oan Nor	abasia blas das				
NIC	EVILLE FL	32578				82	Street Adi	uress (P	O. BOX NUM	nber is Not Acc	eptable)			
						83								
						Щ								
						84	City				F	85	Zip C	Code
11. Pursuant office or agent. I a	to the provisi registered ag am familiar wi	ions of Sections 607.05 ent, or both, in the Sta th, and accept the obl	502 and 6 te of Flori igations o	607.1508, Florida Statu da Such change was I, Section 607.0505, F	ites, the a authorize forida Sta	bove d by tutes	named co the corpora	rporation ation's b	n submits thi board of direc	s statement for ctors. I hereby			ging its ent as i	s registered registered
SIGNATURE														1
	Signature, typed	or print ed n ame of registered a			TE Registere	d Age	nt signature req	uired when	reinstating)		DATE			···
12.		OFFICERS A	nd dire		13.				ADDITIONS/(CHANGES TO	OFFICERS AN	ID DIRE	CTOR	S IN 12
TITLE	PD			☐ DELET e	1.1 T	TLE	1	75		la a		C	ange	☐ Addition
NAME		, GEORGE M			1.2 N	AME	5	Kippo	r bec	rge M nout ct				
STREET ADDRESS	3179 WAYLAND			1.3:			ADDRESS 2	166	S. DAIZI	MONI UU	•			
CITY-ST-ZIP					ITY-S	r-zip [5]	pringi	field, M	10 65809				i	
TITLE	VSTD			DELETE	2.1 T	TLE						☐ Ch	ange	Addition
NAME		, george e			2.2 N	AME								j
STREET ADDRESS		OKHAVEN WAY			2.3 \$	TREET.	ADDRESS							
CITY-ST-ZIP	NICEVILL	E FL 32 578			2.40	HTY-S	T-ZIP							
TITLE				DELETE	3.1 1							☐ Ch	ange	Addition
NAME					3.2 N	AME						_	•	
STREET ADDRESS					5.27.		ADDRESS							
CITY-ST-ZIP						ITY-S								
TITLE				DELETE	4.1 TI		1 - 2.0		-			☐ Ch	anoe	Addition
NAME					4. 2 N								- 9	
STREET ADDRESS							ANNRESS							į

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this fling 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 happlemental 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 changes or or an attack tent with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change

☐ Change

Addition

☐ Addition