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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000059745 (7)

G AND	I INC.								
Principal Place of Business Mailing Address					L CONSTRUCTO CONTRACTOR SOURCE	Main ma tan Matu	0 (01) (P)	NI 01861 041 100	11
315 CROSSWINDS DRIVE 315 CROSSWINDS DRIVE PALM HARBOR FL 34683 PALM HARBOR FL 34683				DO NOT WRITE IN THIS SPACE					
1					3. Date Incorporated or Qualified 08/11/1994		-		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied Fo	or
21		26			59-3270222		Not Applicable		
Sulte, Apt. #, etc.		Suito, Apt. #, etc.		6. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Country Zip Co			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Currer				10. Name and Address of New R				
LES	SNIEWSKI, GREGORY		81	Name				_	
315 CROSSWINDS DRIVE PALM HARBOR FL 34683			82	Street Add	Iress (P.O. Box Number is Not Accepte	ıble)			
```			83						
			84	City		FL	85	Zip Code	
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ay				poration submits this statement for the tion's board of directors. I hereby acce	opt the app	ointmer	nt as register	ed
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	TORS IN 12	
TITLE	D	DELETE	1.1 TITLE				Cha	nge 🔲 Ad	dition
NAME	Lesniewski, Gregory		1.2 NAME	}					3
STREET ADDRESS	315 CROSSWINDS DRIVE		4	T ADDRESS					Į
CITY-ST-ZIP TITLE	PALM HARBOR FL 34683	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP			Cha	nge 🔲 Ad	dition
NAME		C) Mille	2.1 HILE 2.2 NAME	İ			هان ر	ilige Ku	dition
STREET ADDRESS			1	ADDRESS					1
CITY-ST-ZIP			2. 4 CITY-						ļ
TITLE		DELETE	3.1 TITLE				☐ Cha	nge 🔲 Ado	dition
NAME			3.2 NAME						ļ
STREET ADDRESS			3.3 STREE	r address					
CITY-ST-ZIP			3.4. CITY-	ST-ZiP			-		
TITLE		☐ DELETE	4.1 TITLE				Cha	nge 🔲 Ado	dition
NAME			4. 2 NAME						
STREET ADDRESS				ADDRESS					ļ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	SI - ZIP		<del></del>	Cha	nge Ade	dition
NAME		ت مردورو	5.1 THE 5.2 NAME				مان ب	iño 🗀 vin	ortivii
STREET ADDRESS			5.2 NAME 5.3 STREE	2238004					1
CITY-ST-7IP			5.4 City - 5	·-					

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 recoiver of 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 allachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

OLONIATURE, V

NAME

STREET ADDRESS

CITY-ST-ZIP

4/13/98

(813) 856-8813

**FILED** 

Apr 27 1998 8:00am

Secretary of State