

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

FILED

Feb 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071726 (1)

1. Corporation Name
G & H BUSINESS SERVICES, INC.Principal Place of Business
24 N HIBISCUS ST
TARPON SPRINGS FL 34689Mailing Address
24 N HIBISCUS ST
TARPON SPRINGS FL 34689-34083. Date Incorporated or Qualified
09/29/19943a. Date of Last Report
04/17/19962. Principal Place of Business
21 820 Poinsettia Ave.
Suite, Apt. #, etc.2a. Mailing Address
26 820 Poinsettia Ave.
Suite, Apt. #, etc.4. FEI Number
59-3272753Applied For
Not Applicable22 City & State
23 Tarpon Springs, FL
Zip Country
24 34689-2324 25 U.S.A.27 City & State
28 Tarpon Springs, FL
Zip Country
29 34689-2324 30 U.S.A.5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GROSECLOSE, LINDA K
24 N HIBISCUS ST
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
GROSECLOSE, LINDA K.82 Street Address (P.O. Box Number Is Not Acceptable)
820 Poinsettia Ave.

83

84 City
Tarpon Springs FL 85 Zip Code
34689-2324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME GROSECLOSE, LINDA K
STREET ADDRESS 820 PINSETTIA AVENUE
CITY-ST-ZIP TARPON SPRINGS FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Groseclose, Linda K.
1.3 STREET ADDRESS 820 Poinsettia Ave.
1.4 CITY-ST-ZIP Tarpon Springs, FL 34689-23242.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda K. Groseclose LINDA K. GROSECLOSE 1/3/97 942-9050 813

CR2E034 (9/96)