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 #

P94000074896 (9)

G & M SUBS, INC.

Principal Place of Business

Mailing Address

FILED Mar 17 1998 8:00am Secretary of State



11018-123 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32257		11018-123 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32257		DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualified 10/10/1994		
2, Principal P	ace of Business	2a. Mailing Address			4. FEI Number	- A	pplied For
21		26			59-3273472	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22		27		s. Certificate of Status Desired	Fee R	Required	
City & Stato		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	Zip	Countr	'V			
24]	25	29	30	,	This corporation owes or has paid the corporation owes or has paid the corporation of the Personal Property Tax due June 30.		ntangible V No
541	g, Name and Address of Curren		1301		10. Name and Address of New Registere		<u> </u>
HII	TCHENS, JAMES G JR,CPA		81	Name			
	CANAL BLVD.		9'	82 Street Address (P.O. Box Number is Not Acceptable)			
	NTE VEDRA BEACH FL 32082		02		real Address (F.O. Box Number is Not Acceptable)		
. •			83	3			
			84	l City		Tag I ami	0-4-
			04	City	F	L 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607 1508, Florida Statut	es, the abov	e-named cor	poration submits this statement for the purpose	of changing i	its registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Horida. Such chan ge was a thons of, Section 607.05 05, F ic	authorized b orida Stat⊍te	y the corpora ss.	tion's board of directors. I hereby accept the a	ppointment as	s registered
SIGNATURE		ins Jr., CP	A		3/12/98		
OIGHT TOTAL	Signature, typed or printed name of registered ager	t and title it applicable (NOI-	E Registered Ag	ent signature requ	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELET E	1.1 TITLE			Change	Addition
NAME	DELGAUDIO, GREG		1.2 NAME				
STREET ADDRESS	10604 BEVERLY NALLE RD.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CiTY-	ST-ZIP			
TITLE	VP	L DELETE	2.1 TITLE			Change	☐ Addition
NAME	DELGAUDIO, MICHELE		2.2 NAME				
STREET ADDRESS	10604 BEVERLY NALLE RD.		2.3 STREE	T ADDRESS			
CITY-ST-ZiP	JACKSONVILLE FL 32225	D 05/555	2. 4 CITY-	ST-ZIP			
TITLE		☐ DELET e	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		T prieze	3.4. CITY-	ST-ZIP		- r-1 a	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP		☐ DELET E	4.4 CITY - 1	ST-ZIP		Change	Addition
TITLE		רו הכרנו נ	5.1 TITLE			change	■ Addition ■ Addition
NAME CTOCCT ADDRESS			5.2 NAME				
STREET ADDRESS			5.3 STREET	1			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-3 6.1 TITLE	SI - ZIP		Channa	Addition
			1			Change	M VOOILIOU
NAME PTOTET ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 STREET	I			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP			

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 receiver or trustee empowered to execute this reportlas 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.

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