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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000076332 (3) **DOCUMENT #**  Corporation Name **G2 RESOURCES. INC.** Principal Place of Business Mailino Address 780 US HIGHWAY 1 STE. 206 760 US HIGHWAY 1 STE. 206 NO. PALM BEACH FL 33408 NO. PALM BEACH FL 33408 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0534047 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STAHL, CHRITOPHER K 82 Street Address (P.O. Box Number is Not Acceptable) 760 US HIGHWAY 1 STE. 206 NO. PALM BEACH FL 33408 83 84 City 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 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) 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TILE Change Addition TRONO, STEVEN A NAME 1.2 NAME STREET ADDRESS 3559 SW VALLEYVIEW DRIVE 1.3 STREET ADDRESS **REDMOND OR 97756** CITY-ST-ZIP 14 CITY-ST-ZIP TITLE D - PICHDENT DELETE 2.1 TITLE PresideNt ☐ Change Addition STAHL, CHRISTOPHER K NAME 22 NAME 11111 150TH COURT NORTH STREET ADDRESS 2.3 STREET ADORESS JUPITER FL 33478 CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST-ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5. 1 TITLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 City-St-ZiP TITLE □ DELETE 6 1 TITLE ☐ Change Addition NAME 62 NAME

14. I do hereby certify that the information supplied with this filing is volunted by furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplier that equilar exputate and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if enanger, or the exemption of the exempt

G OFFICER OR DIRECTOR

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Date Daytime Phone #