

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000079155 (5)

1. Corporation Name

G.B.F., INC.

Principal Place of Business

12702 N. BOULEVARD  
TAMPA FL 33612

Mailing Address

12702 N. BOULEVARD  
TAMPA FL 33612



3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

06/12/1995

4. FEI Number

59-3287076

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City

FL

85

Zip Code

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WOOD, BRADLEY J  
BOYDSTUN, DABROSKI & LYLE, P.A.  
2600 9TH ST. NORTH  
ST. PETERSBURG FL 33704

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 of how it applies

(NOTE: Registered agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D. ☐ DELETE

NAME BLAIR, BRIAN L  
STREET ADDRESS 12702 N. BOULEVARD  
CITY - ST - ZIP TAMPA FL 33612

TITLE D. ☐ DELETE

NAME GUARINO, STEPHEN  
STREET ADDRESS 6529 THOROUGHbred LOOP  
CITY - ST - ZIP ODESSA FL 33556

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 LE ☐ Change ☐ Addition

1.2 ME

1.3 STREET ADDRESS

1.4 ST - ZIP

2.1 LE

2.2 ME

2.3 STREET ADDRESS

2.4 ST - ZIP

3.1 LE

3.2 ME

3.3 STREET ADDRESS

3.4 ST - ZIP

4.1 LE

4.2 ME

4.3 STREET ADDRESS

4.4 ST - ZIP

5.1 LE

5.2 ME

5.3 STREET ADDRESS

5.4 ST - ZIP

6.1 LE

6.2 ME

6.3 STREET ADDRESS

6.4 ST - ZIP

200001799902  
-04/29/96--01109--035  
\*\*\*200.00

☐ Change ☐ Addition

42396

818-9352639

CR2E034 (12/95)