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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000082382 (0)

1. Corporation Name
GEORGE E. GHEEN CO., INC.



Principal Place of Business
**2964 HGNY 20 WEST
 FREEPORT FL 34239
 US**

Mailing Address
**2969 HGNY 20 WEST
 FREEPORT FL 34239
 US**

3. Date Incorporated or Qualified **11/07/1994** 3a. Date of Last Report **07/24/1996**

4. FEI Number **59-3278585** 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

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
**BARKES, JOAN M
 2969 HIGHWAY 20 WEST
 FREEPORT FL 34239**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City **FL** 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D GHEEN, GEORGE E**

STREET ADDRESS **4 PAHOKEE LANE**

CITY-ST-ZIP **DESTIN FL 32541**

TITLE DELETE

NAME **D GHEEN, NANCY L**

STREET ADDRESS **4 PAHOKEE LANE**

CITY-ST-ZIP **DESTIN FL 32541**

TITLE DELETE

NAME **D BARKES, JOAN M**

STREET ADDRESS **58 OREGON DRIVE**

CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **D GEORGINA W. WALKERMAN**

4.3 STREET ADDRESS **58 OREGON DR.**

4.4 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

5.1 TITLE Change Addition

5.2 NAME **D ROBERTY G. MYERS**

5.3 STREET ADDRESS **4006 LATHAM DR**

5.4 CITY-ST-ZIP **HYMARRIET VA 22069**

6.1 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)(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 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]* **APR 25, 97** **904-837-1384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)