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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000083051

G.F.I. INC. CHIPLEY

Principal Place of Business Mailing Address								
415 TINKER LANE 415 TINKER LANE						•		
CHIPLEY FL 32428 CHIPLEY FL 32428					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						01/01/1995		ĺ
2. Principal Pl	ace of Business	2a.	Mailing Address			4. FEI Number	Apr	olied For
21	3. 20	26	U			59-3297537	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	- \$8.75 A	
22			27			Fee Required		
City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	<u> </u>	Zip Country			8. This corporation owes the current year Int		□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered		-140
	9. Name and Address of Currer	nt Regis	tered Agent	81	Name	10. Name and Address of New Registered	- Agoint	
GRAI	NDE, NICHOLAS P			Ľ				
415 TINKER LANE				82	Street Add	ress (P.O. Box Number is Not Acceptable)		Ì
CHIPLEY FL 32428			83					
	EL1 1E 02420					* * * * * *		
}				84	City	Ei	85 Zip C	>ode
	4 Parti - 607 050	12 and 6	07 1509 Florido Statutes	the abov	e-named corn	poration submits this statement for the purpose	changing its	registered
Office or r	egistered agent or both in the State	of Florid	ta. Such change was autt	OODZAG DI	/ the corporati	on's board of directors. I hereby accept the appoint	intment as reç	jistered
agent. I a	m familiar with, and accept the obliga	ations of	, Section 607.0505, Fiorid	a Statute:	S.			}
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable (NOTE: Re	agistered Age	ent segnature require	d when reinstating) DATE		
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
TITLE	P		☐ DELETE	1.1 TITLE		·	Change	☐ Addition
NAME	GRANDE, NICHOLAS			1.2 NAME				
STREET ADDRESS	415 TINKER LANE			1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL			1.4 CITY-	ST-ZIP			
TITLE	VP		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	GRANDE, DEBORAH			2.2 NAME				-
STREET ADDRESS	415 TINKER LANE			2.3 STREE	ET ADDRESS			1.
CITY-ST-ZIP	SHIPLEY LF		_	2.4 CITY-	ST-ZIP			
TITLE	ST		☐ DELETE	3.1 TMLE			Change	☐ Addition \
NAME	GRANDE, NICHOLAS		3.2 N					
STREET ADDRESS				3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	CHIPLEY F			3.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE			Change	☐ Addition }
NAME				4. 2 NAME				
STREET ADDRESS				4 3 STRE	ET ADDRÉSS			1
CITY-ST-ZIP	_			4.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE	I .		Change	☐ Addition
NAME				5.2 NAME				\ \

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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: NICHOLAS

☐ Change

☐ Addition

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90045 023 ***150.00