Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90027 040 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000091876

1. Corporation Name

G & T INTERNATIONAL GROUP, INC.

Principal Place	of Business	Mailing Address	Mailing Address						,	•	
MOTEL CONCH	ON IN	MOTEL CONCH ON IN	MOTEL CONCH ON IN								
103 CALOOSA	STREET	103 CALOOSA STREET									
TAVENIER FL 3	3070		TAVENIER FL 33070				DO NOT WRITE IN THIS SPACE				
US US						3.	Date Incorporated or Qualifed			ŀ	
							12/20/1994				
2. Principal Pl	lace of Business	2a. Mailing Address	Mailing Address				FEI Number		<del>-</del>	pplied For	
21		26					<u>65-0551610</u>			ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<b>⊢</b> , , , , , , , , , , , , , , , , , , ,			5.	Certificate of Status Desired		\$8.75		
22		27				<u> </u>				equired	
City & State	<b>e</b> ,	City & State	<del></del>			6.	Election Campaign Financing			May Be	
23 28						_	Trust Fund Contribution			to Fees	
Zip	Country	Zip	<u> </u>			8. This corporation owes the current year Intangible			l		
24	25		30				Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New Re	gistered	Agent	_	
000		NACES INS		81	Name						
CORPORATION INFORMATION SERVICES INC.			ļ	82	Street Addr	ress (P	O.O. Box Number is Not Acceptab	le)			
	HAYS ST.		1			uless (1.0. box (turnsor is trock)cooperatory					
TALLAHASSEE FL 32301			ĺ	83							
				_				<del></del>		Codo	
			}	84	City			FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statute	s. the at	ove	a-named corp	poration	n submits this statement for the p	urpose of	changing it	s registered	
office or re	egistered agent, or both, in the Statement from the Statement of the State	le of Florida. Such change was au	thonzed	by 1	the corporatio	on's bo	pard of directors. I hereby accept	the appoir	ntment as re	egistered	
	m ramiliar with, and accept the oblig	gadons or, Section 607.0303, Flori	ua Siaio	ics.	,					İ	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					t signature required	ed when re	einstating)	DATE			
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 T/T	LE					☐ Change	☐ Addition	
NAME	PRINCE, MICHAEL A		1,2 NA	ME						,	
STREET ADDRESS	103 CALOOSA STREET			1,3 STREET ADDRESS							
CITY-ST-ZIP	TAVENIER FL		1,4 CITY-		r-7fP					J	
TITLE	DTP	☐ DELETE	2.1 ΠΤ		<del></del>				Change	☐ Addition	
NAME	PRINCE, ANTHONY		2.2 NAM							Į.	
l i	103 CALOOSA STREET		1		r ADDDECC						
STREET ADDRESS				2.3 STREET ADDRESS			the second of the second		-	1	
CITY-ST-ZIP	TAVENIER FL DELETE			2.4 CITY-ST-ZIP 3.1 TITLE					Change	Addition	
TITLE		_ occur									
NAME	PRINCE, IVY G		3.2 NAME								
STREET ADDRESS	103 CALOOSA STREET				ADDRESS					j	
CITY-ST-ZIP	TAVENIER FL		_	3.4. CITY-ST-ZIP		***			☐ Change	Addition	
TITLE	DS	☐ DELETE	4.1 TITLE		}				Clange	L. Addition	
NAME	PRINCE, MELANIE J		4, 2 NAM								
STREET ADDRESS	103 CALOOSA STREET		4.3 STRE		ADDRESS						
CITY-ST-ZIP	TAVENIER FL		4,4 CIT	4.4 CITY-ST-ZIP							
πιε		☐ DELETE 5.1		1 TITLE					Change	☐ Addition	
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET	ADDRESS						
CITY-ST-ZIP			5.4 C/T	5.4 C/TY-ST-Z/P							
TITLE	,	☐ DELETE	6.1 TIT	lΕ				··· <del>-</del>	Change	☐ Addition	
NAME	in the special control of the special control		6.2 NA	ME							
	4.13.672	•	6251	DEET	ADDRESS						

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 changes of the corporation of the corpo

SIGNATURE:

CERTAIN DEPARTMENT OF THE OWN THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19.99

CO EP. CV9 (20E)