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

PROFIT CORPORATION ANNUAL REPORT

1998



Sary m Clinton

SIGNATURE: __

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000007933 (1) G & M CLINTON, INC.

Principal Place of Business	Mailing Address
291 MICKLER ROAD ST. AUGUSTINE FL 32084	231 MICKLER RO ST. AUGUSTINE (

FILED May 13 1998 8:00am Secretary of State



4-27-98

FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1995 2. Principal Place of Business Mailing Address Applied For 59-3293451 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CLINTON, GARY M 231 MICKLER RD Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE CLINTON, GARY M NAME 1.2 NAME 231 MICKLER ROAD STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CLINTON, MAUDE B NAME 22 NAME 231 MICKLER ROAD STREET ADDRESS 2.3 STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP 2.4 CITY-ST-ZiP DELETE Change Addition TITLE 31 TITLE MALAC 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TriLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP 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.