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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

P95000021206 (4) GKC, INC. Principal Place of Business Mailing Address 2237 TERRACE DRIVE NORTH CLEARWATER FL 33625 2237 TERRAÇE DRIVE NORTH CLEARWATER FL 34625 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3301746 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAGUIRE, PATRICK T 308 N. BELCHER RD. 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34625** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 regularicid agent and title if applicable (NOT). Registered Agent signature required when reinstating) 10/9/ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition MOSHER, GARY J NAME 1.2 NAME 2237 TERRACE DR. N. 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME MOSHER, ELLEN K 22 NAME STREET ADDRESS 2237 TERRACE DR. N. 2.3 STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE MOSHER, CHRISTOPHER J NAME 3.2 NAME 3484 AZALEA PLACE STREET ADDRESS 3.3 STREET ADDRESS **LARGO FL 34641** CITY-ST-ZIP 3 4. CITY - ST - ZIP DELFTE Change Addition 4 1 TITLE TITLE BOROWSKI, DAVID 4.2 NAME NAME 7798 16TH AVE NORTH STREET ADDRESS 4.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6 1 TITLE

14. I horeby 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 suppliemental 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 convocation 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FILED

Mar 19 1998 8:00am

Secretary of State