

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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000035198 (7)

1. Corporation Name

G & G ENTERPRISES OF PORT RICHEY, INC.

Principal Place of Business

C/O PERKINS RESTAURANT & BAKERY  
11929 US HIGHWAY 19 NORTH  
PORT RICHEY FL 34868

Mailing Address

C/O PERKINS RESTAURANT & BAKERY  
11929 US HIGHWAY 19 NORTH  
PORT RICHEY FL 34868-1056



3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

07/08/1996

4. FEI Number

59-3313510

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEMERAND, L. GALE  
1124-G BEVILLE ROAD  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

Brown, Gary L.

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

9072 Lenore Ct

83

84 City

Weeki Wachee

FL

85 Zip Code

34613

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

*Gay L. Brown* Gary L. Brown

1-15-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME LEMERAND, L. GALE  
STREET ADDRESS 13 MAGNOLIA LANE  
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ DELETE

TITLE DP  
NAME BROWN, GARY L  
STREET ADDRESS 11929 US HIGHWAY 19 NORTH  
CITY-ST-ZIP PORT RICHEY FL 34868

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Gay L. Brown* Gary L. Brown

1-15-97

Date

813-862-3581

Daytime Phone #

0453673

CR2E034 (9/96)