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 # P95000071276

G AND R, INC.

Principal Place of Business Mailing Address

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90054 011 ***150.00

|--|--|

104 S US HWY INVERNESS FL		104 S US HWY 41 INVERNESS FL 34450						
HAVENIAE33 / E	. 34430	11442114200 12 01130			DO NOT WRITE IN THIS S	SPACE		_
					3. Date Incorporated or Qualifed]
					09/14/1995			1
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ар	plied For] ::
21		26			26-3619390	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	dditional	
22		27			5. Certificate of Status Desired	Fee Re	quired	}
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be	}
23		28			Trust Fund Contribution	Added t	o Fees]
Zip	Country	Zip	Country	'	8. This corporation owes the current year Inta-	ngible		
24	25	29	30		, discinal inspect, i am	Yes	□Nó	1
	9. Name and Address of Curr				10. Name and Address of New Registered A	gent		1
		JULY SELECT	81	Name				
KAN	iaris, george r		82	Street Add	fress (P.O. Box Number is Not Acceptable)			1
	PRSONIMA CT WEST		1	0001	**************************************	tion stand sadar	ter signification	╛
HON	MOSASSA FL 34446		83		では、「日本」(日本)(日本)(日本)(日本)(日本)(日本)(日本)(日本)(日本)(日本)	CH IST THE		
	-		84	City	「	85 Zip (1881 8 E 1 1 1 2 2 1	┨
	••		. -	i,	FL [*]	'		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	e-named con	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoint	hanging its	registered	1
office or i	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was at pations of Section 607 0505. Flor	uthorized by rida Statutes	the corporat	ion's board of directors. I hereby accept the appoint	ment as re	gistered	
	in familiar with and accept the obi-	gations of occion out toose, i to	ida otatato					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Age	nt signature requir	ed when reinstating) DATE			1 6
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12] §
TITLE	PST	☐ DELETE	1.1 TITLE		10 30 To 10 To	☐ Change	☐ Addition	13
NAME	KANARIS, GEORGE R		1.2 NAME		• • • • • • • • • • • • • • • • • • • •			3
STREET ADDRESS	104 S US HWY 41		1.3 STREE	TADDRESS				6
CITY-ST-ZIP	INVERNESS FL 34450		1.4 CITY-S	T-ZIP	<u> </u>] 6
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition	۱
NAME	KANARIS, ROUSSO P		2.2 NAME					l
STREET ADDRESS	404 0 110 111111 44		2.3 STREE	T ADDRESS				1
CITY-ST-ZIP	INVERNESS FL 34450	And the same of the second second	2.4 CITY-	ST-ZIP				
TITLE	1	U DELETE	3.1 TITLE			Change	Addition	1
NAME A SA	489, 020868 8 200849 02 1750		3.2 NAME		•			
			3.3 STREE	T ADDRESS	So recently into a contract of the second	16 , 15 + 16+	14 C 15 Kg 1 LVV	
CITY-ST-ZIP	OCASE CELEVISION		3.4. CITY-5		િ કે મુક્ક કરો કરી કે કર કર્મ કરાયા કર્યા કરો કે માને સ્થા			1
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STREET ADDRESS	Market Comments	1 . • 1 es	4.4 CITY-S		,			1
TITLE		□ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	1
NAME	<u> </u>		5.2 NAME		Programme of the state of		_	
i .	_			TADDRESS				
STREET ADDRESS	957		5.4 CITY-S					
CITY-ST-ZIP	NASSEMBLE CONTRACTOR	☐ DELETE	6,1 TITLE		e d'	Change	Addition	1 :
TITLE	104 9 45 85 51	OLLETE	6.2 NAME			90	_ · · · · · · · ·	
NAME	her Parts (1969)			TADDRESS				
CEDEET ADDDESS								

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, with all other like empowered.

6.4 CITY-ST-ZIP

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