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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072923 (2)

FILED May 14 1998 8:00am Secretary of State

G&S	MANAGEMENT, INC.				I (BENKER) NIR (BUR) RUKU BRINI BRINI RENI ARNI	IA H arib ah ata ka ala ahaan indi kande
Principal Place of Business RT 21 BOX 818 LAKE CITY FL 32024 US		Mailing Address RTE 21 BOX 818 LAKE CITY FL 32024 US		DO NOT WRITE IN T		
					3. Date Incorporated or Qualified 09/18/1995	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3345628	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	here of		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		27	·			Fee Required
23	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Cauntry Zip Co		Country		This corporation owes or has paid the	Added to Fees
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	int Registered Agent			10. Name and Address of New Registe	red Agent
	APLETON, GREG		81	Name		
RT 21 BOX 818 LAKE CITY FL 32024				Street Addr	ress (P.O. Box Number is Not Acceptable)	
Į LAI	KE CHT FL 32024		83			
			83			
			84	City	1	85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-	named corr	poration submits this statement for the purpo	se of changing its registered
office or r	registered agent, or both, in the Stat	e of Florida, Such change was	authorized by t	the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE (11. $(70.$ (1.26)	n ADFAS	TAPIC	to N	1₹-€	19-98
Old Williams	Signature, typical or printed name of registered as		L: Registered Agent	signature requir	red when reinstating) DA	TE .
12.	OFFICERS AS	VD DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	STAPLETON, GREG	L_] DELETE	1.1 TITLE			Change Addition
STREET ADDRESS	RT 21 BOX 818		1.2 NAME 1.3 STREET A	DDDCCC		2
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-			i i
TITLE		DELETE	2.1 THILE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET A	DDRESS		
CITY-ST-ZIP			2. 4 CITY - ST	- 2 IP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	- 1		
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CITY-ST	- ZIP		Change Addition
NAME			4.1 TITLE 4. 2 NAME			L Change Addition
STREET ADDRESS			4.3 STREET AL	DDRESS		
CITY-ST-ZIP			4.4 CITY - ST -			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AL	DDRESS		
CATY-ST-ZIP			5.4 CITY-ST-	ZIP		
TITLE		DELETE	61 TITLE			Change Addition
NAME OTRECT LODDESS			6.2 NAME			j
STREET ADDRESS			6.3 STREET AL			
CITY-ST-ZIP 14. I hereby o	pertify that the information supplied v	with this filing does not qualify for	6.4 CiTy - S1- or the exemption		Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the information

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 cath; that I am an officer or director of the corporation or the receiver or trusted 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.

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