

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90104 002 \*\*\*158.75

DOCUMENT # **P96000026625**

1. Corporation Name

**GOD BLESS ENTERPRISES, INC.**



Principal Place of Business

4320 SUNBEAM RD  
STE 105  
JAX FL 32257  
US

Mailing Address

4320 SUNBEAM RD  
STE 105  
JAX FL 32257  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/21/1996**

4. FEI Number

**59-3372971**

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

**21 11950 Jackson Creek Dr.**

2a. Mailing Address

**26 11950 Jackson Creek Dr.**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23 Jacksonville, FL**

City & State

**28 Jacksonville, FL**

Zip Country

**24 32258**

**25 Duval**

Zip Country

**29 32258**

**30 Duval**

9. Name and Address of Current Registered Agent

**BROWN, GIDEON  
10010 BELLE RIVE BLVD.  
APT. 1011  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**11950 Jackson Creek Dr.**

**83**

**84** City  
**Jacksonville**

**FL**

**85** Zip Code  
**32258**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **BROWN, GIDEON**  
STREET ADDRESS **10010 BELLE RIVE BLVD., APT. 1011**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VSD** ☐ DELETE  
NAME **BROWN, YVETTE**  
STREET ADDRESS **10010 BELLE RIVE BLVD, #1011**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **11950 Jackson Creek Dr.**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32258**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **11950 Jackson Creek Dr.**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32258**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99

904 268-8016

CR2E034 (11/98)