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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

P96000055803 (6)

DOCUMENT # P9
1. Corporation Name
GOLLY'S SERVICES, INC.

## FILED May 01 1998 8:00am Secretary of State

11/10/08 (0-11) 081-18014



Principal Place of Business Mailing Address					a longinde, sin chien diese date dates dues dues gelus dies acids notes notes sent		
8116 SW 22 CT 6116 S.W. 22ND COURT							
MIRAMAR FL 33023		MIRAMAR FL 33023			DO NOT WRITE IN TH	HC CDACE	
U\$		US			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
					06/28/1996		
	ace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21 6/16.	Sw QQLF	26 Same			65-068 1944		Not Applicable
Sulte, Apt. 4		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22 <b>HOUS</b> City & State		City & State			a Fl. Via Constitut Floradia		Required
	CAMAR, FLORIVA		_		6. Election Campaign Financing Trust Fund Contribution		D May Be I to Fees
Zip	Country	Zip _	Coun	try	8. This corporation owes or has paid the		
24 33 4	23 U.S.A	29 Same	30	Same	Personal Property Tax due June 30.		□ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
	LAUB, NORMAN G		1	Name	n IA		
6116 S.W. 22ND COURT				2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIF	NAMAR FL 33023			13			
			1	*3			
ļ			1	4 City		85 Zip	Code
44 0		and CO7 4500. Florido Protei	loo the ob	no nomed core	position authorite this statement for the purpos	o of changing	ite registered
11. Pursuant t	o <b>the</b> provisions of Sections 607.0502 e <b>gistere</b> d agent, or both, in the State o	rand 607, 1508, Florida Statu of Florida, Such change was	es, the abt	by the corporati	ion's board of directors. I hereby accept the	appointment a	s registered
agent. I ar	m lamiliar with, and accept the obligat	tions of, Section 607.0505, FI	orida Statu		)	10/05	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title d applicable (New	Boolean	Agent signature require	od when reinstating). DAT	10/70	
12.	OFFICERS AND		13.	- John and Indian	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	<b>TOP</b>	☐ DELETE	1.1 TITL	E		☐ Change	Addition
NAME	GOLAUB, NORMAN G		1.2 NAN	IE .			
STREET ADDRESS	6116 S.W. 22ND COURT		1.3 STR	ET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023		1.4 CITY	- S1- ZIP			
TITLE	DST	☐ DELETE	2.1 TITL	E		L Change	Addition
NAME	GOLAUB, UNA S		2.2 NAN	IE			
STREET ADDRESS	6116 S.W. 22ND COURT		2.3 STR	EET ADDRESS			
CITY+ST-ZIP	MIRAMAR FL 33023		2. 4 CIT	Y - ST - ZIP			
TITLE		☐ DELETE	3.1 TITL	€		∐ Change	Addition
NAME			3.2 NAN	IE .			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP		D bevere		Y - ST - ZIP		LiChonas	Addition
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NAME			4. 2 NA				
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CITY-ST-ZIP		☐ DELETE	4.4 CITS 5.1 TITL	r-ST-ZIP		Change	Addition
TITLE		□ oterit	5.2 NAA				
NAME CTRECT ADDRESS				eet address			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETE	6.1 TITL			☐ Change	Addition
NAME		<u> </u>	6.2 NAA			*	_
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-SI-ZIP			
14 I hereby c	ertify that the information supplied wil	h this filing does not qualify f	or the exer	notion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that th	ne information
l indicated	<b>on th</b> is annual report or supplemental	Lannual report is true and ac-	curate and	that my signalui	re shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and the	e under oarn: t	natiam an
Block 12	or Block 13 if changed, or on an attac	hment with an address.	CAUCOIO III	io ropore ao rege	and by complete sor promote distinct in a	, u	