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FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000073393 (6)**

1. Corporation Name
G.A.W.S.C. MANAGEMENT CORPORATION

Principal Place of Business

**551 LINCOLN ST
DAYTONA BEACH FL 32114**

Mailing Address

**551 LINCOLN ST
DAYTONA BEACH FL 32114-2515**

3. Date Incorporated or Qualified

08/21/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

9-340 6292

Applied For

Not Applicable

22

Suite, Apt #, etc.

Suite, Apt #, etc.

23

City & State

City & State

24

Zip

Country

29

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PORTER, DAPHNE
1301 26TH ST AVE S
ST PETERSBURG FL 33705**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Pres.** ☐ DELETE

NAME **Larry W. Clark**
STREET ADDRESS **1146 East 215th Street**
CITY-ST-ZIP **Bronx, NY 10469-2402**

TITLE **1st** ☐ DELETE

NAME **Daphne C. Porter**
STREET ADDRESS **1301 26th St. Ave. South**

TITLE **2nd** ☐ DELETE

NAME **Evelyn E. Cooper**
STREET ADDRESS **100 Benchly Place Apt 13H**
CITY-ST-ZIP **Bronx, New York 10475**

TITLE **Tres.** ☐ DELETE

NAME **Rev. George A. Clark**
STREET ADDRESS **551 Lincoln Street**
CITY-ST-ZIP **Daytona Beach, Fla. 32114**

TITLE **Sec.** ☐ DELETE

NAME **Virginia C. Robinson**
STREET ADDRESS **1860 Highway 17**
CITY-ST-ZIP **Crescent City, Fla 32112**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

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: *Larry W. Clark*

CR2E034 (9/96)