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

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000075568 (1)

G & A TELECOMM, INC.

Principal Place of Business		
 1707 W REYNOLDS STREET PLANT CITY FL 33567	Mailing Address  1707 W REYNOLDS STREET PLANT CITY FL 33567-4737	
		3. Date theorporate 09/09/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59 - 33

**FILED** 

May 13 1997 8:00am

Secretary of State

						3. Date theorporated or Qualified 09/09/1996	<b>3a.</b> Da	te of Last Re	oport		
	ace of Business	2a. Mailing Addr	ess			4. FEI Number		Ap	plied For		
1		26			59-3394106 Not Applie						
Sulte, Apt. +	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75					
2					5. Certificate of Status Desired Fee Required						
City & State	e e e e e e e e e e e e e e e e e e e	City & State				6. Election Campaign Financing		\$5.00			
3		28				Trust Furid Contribution	<u> </u>	Added t			
Zip	Country	Zip	<b>⊢</b> ¬	intry		8. This corporation has liability for			199.032,		
4]	25 A Name and Address of Curren	1 Secretared Acent	30	ı—			Yes _				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent  81 Name					
GILLMAN, GREGORT					1.400						
	7 W REYNOLDS STREET		82 Street Add		Street Add	Iress (P.O. Box Number is Not Accepta	ble)				
PLA	NT CITY FL 33567			83							
				00							
				84	City		FL	85 Zip (	Code		
44 6	10 007.000			Ш	L	poration submits this statement for the		4-4			
SIGNATURE	m familiar with, and accept the obligations of the obligation of t					lifed when reinstating)	DATE				
12.	OFFICERS AND		18.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12		
TITLE	D	□ DI	LE1E 1,431	TLF			<del> ··· ··- ·</del>	Change	Additio		
NAME .	GILLMAN, GREGORY L		1.2 N	AME							
STREET ADDRESS	1100 OAKBRIDGE PKWY #66		1.8 S	TREET	ADDRESS						
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CI	ITY-S	61 - ZIP						
TITLE	D	DI	LETE 2.1 11	11.6				Change	Additio		
NAME	GILLMAN, ADELE M		2.2 N	AME							
STREET ADDRESS	1100 OAKBRIDGE PKWY #66		2.8 S	TREE1	ADDRESS						
CITY-ST-ZIP	LAKELAND FL 33803			31Y-9	\$1 - Z(P						
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NAME			3.2 N	AME							
STREET ADDRESS			3.3 \$	TREET	ADDRESS						
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NAME			4. 2 N								
STREET ADDRESS					ADDRESS						
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NAME			62 N		100055						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			■ 640	ITY-S	31 - 7(P						

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.