## 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 # P96000085704 (0)

GERMAN & GUNN ENTERPRISES, INC.

**FILED** Apr 16 1998 8:00am Secretary of State

					{
Principal Plac	e of Business	Mailing Address		a sabicant nin kaka akan datih 8844 88111 8818	i anda makka kumin mbilii dibi (Ab)
3525 CESERY BLVD P.O. BOX 11661					
JACKSONVILLE FL 32239			1661	20 1107 1177 1177	
JACKSONVILLE FL 32277 US				DO NOT WRITE IN TH	IS SPACE
03				3. Date Incorporated or Qualified 10/16/1996	,
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 35 Z	5 Cosery Blvd.	26		59-3404636	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State				6. Election Campaign Financing	\$5.00 May Be
	sonville, FL	28		Trust Fund Contribution	Added to Fees
Zip 34 7	Country	Zip	Country	8. This corporation owes or has paid the	
24 34 4			30	Personal Property Tax due June 30.	Yes No
<u> </u>	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	UNN, WILLIE E			WWW. Willie E.	
3525 CESERY BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
#203			83 3.5	25 Cesery Blud	• • • • • • • • • • • • • • • • • • • •
J.	ACKSONVILLE FL 32277		[89]	•	
			84 City	4-1-11/10 =	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.					
1	The sound of the s	<b>*</b>			11 lan
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature requir	red willon reinstating) Diffe	6/78
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GUNN, WILLIE, E.,		1.2 NAME		
STREET ADORESS	3525 CESERY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	GERMAN, OSCAR A		22 NAME		
STREET ADDRESS	7247 RHODE ISLAND DR. E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
THLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-Zip			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		j
Street address			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.