

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 08, 1999 8:00 am
Secretary of State

05-08-1999 90033 047 ***150.00

DOCUMENT # P96000085704

1. Corporation Name

GERMAN & GUNN ENTERPRISES, INC.

Principal Place of Business

3525 CESERY BLVD
#203
JACKSONVILLE FL 32277
US

Mailing Address

P.O. BOX 11661
JACKSONVILLE FL 32239-1661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

59-3404636

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 6035 Ft. Caroline Road

Suite, Apt. #, etc.

22 Suite # 15

City & State

23 Jacksonville, FL

Zip

24 32277

Country

25 Dural

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29 Country

30

9. Name and Address of Current Registered Agent

GUNN, WILLIE E
3525 CESERY BLVD
#203
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent

81 Name

Oscar A. German

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

7247 Rhode Island Drive E.

83

84 City Jacksonville

FL

85 Zip Code 32209

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 Oscar A. German

Oscar A. German

3/31/99

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 P ☒ DELETE

NAME GUNN, WILLIE E.,
STREET ADDRESS 3525 CESERY BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☒ DELETE

NAME GERMAN, OSCAR A
STREET ADDRESS 7247 RHODE ISLAND DR. E.
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 President/Treasurer ☒ Change ☐ Addition

1.2 NAME Oscar A. German
1.3 STREET ADDRESS 7247 Rhode Island Dr. E.
1.4 CITY-ST-ZIP Jacksonville, FL 32209

2.1 TITLE Willie E. Gunn ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice President/Secretary ☒ Change ☐ Addition

3.2 NAME Willie E. Gunn
3.3 STREET ADDRESS P.O. Box 11661
3.4 CITY-ST-ZIP Jacksonville, FL 32239

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:

Oscar A. German

Oscar A. German

3/31/99

904-745-1940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0047375