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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000090487 (5)

1. Corporation Name  
G-6 MANAGEMENT CORP.

Principal Place of Business  
2939 PINWOOD RUN  
PALM HARBOR FL 34684

Mailing Address  
2939 PINWOOD RUN  
PALM HARBOR FL 34684-4920



3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last Report First
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MURPHY, TERRENCE E  
2939 PINWOOD RUN  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Terrence E. Murphy* DATE: 1/22/97  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Sec	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terrence E. Murphy	1.2 NAME	
STREET ADDRESS	2939 Pinewood Run	1.3 STREET ADDRESS	
CITY - ST - ZIP	Palm Harbor FL 34684	1.4 CITY - ST - ZIP	
TITLE	Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Beckman	2.2 NAME	
STREET ADDRESS	10233 Red Lion Tavern Ct.	2.3 STREET ADDRESS	
CITY - ST - ZIP	Ellicott City MD	2.4 CITY - ST - ZIP	
TITLE	Director	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Defrehn	3.2 NAME	
STREET ADDRESS	388 Fairhill Ave	3.3 STREET ADDRESS	
CITY - ST - ZIP	Langhorne PA 19047	3.4 CITY - ST - ZIP	
TITLE	Director	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Maurer	4.2 NAME	
STREET ADDRESS	HER 61 Box 367	4.3 STREET ADDRESS	
CITY - ST - ZIP	W. Wardsboro VT 05360	4.4 CITY - ST - ZIP	
TITLE	Director	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Olseth	5.2 NAME	
STREET ADDRESS	1417 74th Circle NE	5.3 STREET ADDRESS	
CITY - ST - ZIP	St. Petersburg FL 33702	5.4 CITY - ST - ZIP	
TITLE	Director	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Ruddle	6.2 NAME	
STREET ADDRESS	6168 Storer Mill Rd	6.3 STREET ADDRESS	
CITY - ST - ZIP	Doylestown PA 18901	6.4 CITY - ST - ZIP	

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: *Terrence E. Murphy* DATE: 1/22/97 813 786 7401  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)