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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000004273 (3)

MR. G'S VIP, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				Contain the contract of the co
651 CLARA A	IVE	651 CLARA AVE				
PANAMA CITY BEACH FL 32407		PANAMA CITY BEACH FL 32407				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified	
A (B) - I - I D		On Mailton Address				01/10/1997 4. FEI Number Applied For
 -	ace of Business	2a. Mailing Address				4. FEI Number Applied For Sq - 342 08 7 9 Not Applicable
21	Д _00_	26 Suite Apt # ete				CD 75 4 4 101 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Regulated
22		City & State				
City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		28) 7 _{ID}	Zip Country			
— ·	 	<u> </u>	\vdash	─ '		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes
24		25 29 30 Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
00		ott (togleteres rigott		81	Name	
GRIMES, PAUL K						
651 OLARA AVE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
PA	NAMA CITY BEACH FL 32407			83		
				65		
			Ţ.	84	City	85 Zip Code
		00 1007 4500 51 11 61 1				FL 10 2.5
office or re	a nister ed agent, or both, in the Stat	te of Horida. Such change was	s authorized	hv	the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m fam iliar with, and accept the obli	gations of, Section 607.0505, I	Florida Statu	utes.		
SIGNATURE						red when reinstating) DATE
	Signature, typed or printed name of registered a	gent and title if applicable (NO ND DIRECTORS	13.	Ager	it signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TALE	D OFFICENS A	DELETE	1.1 111	1 F	————	Change Addition
	MINER, LOIS E		1.2 NA			
NAME	4511 MISTY LANE				1000000	
STREET ADDRESS					ADDRES\$	
CITY-ST-ZIP	PANAMA CITY FL 32444	DELETE	1.4 CIT		-ZIP	Change Addition
TITLE				2.1 TITLE		
NAME	GRIMES, PAUL K			2.2 NAME		
STREET ADDRESS	4511 MISTY LANE			2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32444			2. 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	DELETE			3.1 TITLE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			3.4. CI		T-ZIP	
TITLE		☐ DELETE	4.1 TIT			Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y - \$1	- ZIP	
TITLE		☐ DELE te	5.1 TIT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STF	REET	ADDRESS	
CITY-ST-ZIP			5.4 CIT	Y-\$1	I-ZIP	
TITLE		☐ DELE te	6.1 TiT	LE		Change Addition
NAME			6.2 NAJ	ME		
STREET ADDRESS			6.3 STF	REET	ADDRESS	
CITY-ST-ZIP			6.4 CIT			
	artifut that the information cumuland	with this filing does not qualify				Section 119 07/3)(i) Florida Statutes, Efurther certify that the information

indicated on this annual report or supplied with this mining does not quality for the exemption stated in section 119.07(3)(f), Florida Statutes, Frurner 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 or an attachment with an address.

100