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 #

P97000046372 (3)

G N III, INC.

Principal Place of Business

Mailing Address

FILED
May 12 1998 8:00am
Secretary of State



1923 TAMPA TAMPA FL 336	EAST BOULEVARD 518	1923 TAMPA EAST BOULE TAMPA FL 33619	/ARD		DO NOT WE 3. Date Incorporated or Qualific 05/22/1997	RITE IN THIS SPACE		
2. Principal Place of Business 21 912 E. Giddens Ave. 26 PO Box 1836				4 FEI Number	J5 -	Applied For		
Sulte, Apt. #. etc.			<u>οΨ</u>		5 Contificate of Status Decised		Not Applicable 75 Additional	
27					5. Certificate of Status Desired	F6	e Required	
City & State 23 Tampa F1 26 Serfner			FI		 Election Campaign Financing Trust Fund Contribution 	· P-4	\$5.00 May Be Added to Fees	
Zip	Country	Žip	Zip Country			paid the current year		
24 33 00	03 25 USA	29 33583-183434	<u>'</u> ل	<u>SA</u>	Personal Property Tax due J		□ No	
AtP	Name and Address of Current F	legistered Agent	81	Name	10. Name and Address of New	Hegistered Agent		
NELSON, GRANT 1923 TAMPA EAST BOULEVARD TAMPA FL 33619				Street	Address (P.O. Box Number is Not Access Co.	We	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.								
SIGNATURE. Signature: typed formined name of regions of degree as of title of griphs able (NOTE: Registered Agent signature required when reinstating) ATE ATE ATE ATE ATE ATE ATE AT								
12.	OFFICERS AND I		13.	erc signarure	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	CTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		DEP	▼ Cha		
NAME	NELSON, GRANT		1.2 NAME		Nelson, Grant 912 E. Giddens A			
STREET ADDRESS	1923 TAMPA EAST BOULEVAR	D	1.3 STREE	ADDRESS	912 E. GIDDENS A	me.		
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY- S	ST-ZIP	TAMPA, FI. 33			
TITLE		☐ DÉLETE	2.1 TITLE		-	∐ Cha	ange L Addition	
NAME			2.2 NAME			T -		
STREET ADDRESS			2 3 STREE	ADDRESS		;		
CITY-ST-ZIP			2 4 CITY-	ST-ZIP				
TITLE		DELETE	3.1 TITLE			∐ Cha	ange Addition	
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREE					
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZIP		T Chr	ange Addition	
TITLE		m strett	4.1 TITLE			Una	ange Addition	
NAME CYPTET ADDRESS			4. 2 NAME	*************				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	51-21r		[_] Cha	ange Addition	
NAME		Deterit	5.2 NAME			V.10		
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			5.4 CITY-5					
TITLE		DELETE	6.1 TITLE	11-611		☐ Cha	ange Addition	
NAME			6.2 NAME			_ 0.10		
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			6.4 CITY-5					
14. I hereby o	ertify that the information supplied with	this filing does not qualify for t	he exemp	tion state	Led in Section 119.07(3)(i), Florida Statute	s. I further certify tha	at 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 is 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 an attachment with an address.								