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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000047349 (0) G & E HOLDINGS, INC.

Principal Place of Business Mailing Address 255 MAGNOLIA AVENUE SW 255 MAGNOLIA AVENUE SW WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/27/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3450315 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zìp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRAUGHN, RICHARD E 255 MAGNOLIA AVENUE SW Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880 83 85 Zip Code 84 City 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. S!GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition 1.2 NAME NAME TURNER, MARK G 255 MAGNOLIA AVENUE SW STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33880 1.4 CITY-ST-ZIP CITY~ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME STRAUGHN, RICHARD E 2.2 NAME 255 MAGNOLIA AVENUE SW STREET ADDRESS 2 3 STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3,2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZI 5.4 CITY-ST-ZIP DELETE Change Addition

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 in the reserver or trustee emportered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if on any attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

941 251-1184

**FILED** 

Jan 15 1998 8:00am

Secretary of State