## 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 # 1. Corporation Name P97000053632 (0)

**GSK ERNEST ENTERPRISES, INC.** 

Principal Place of Business

Mailing Address

## **FILED** May 14 1998 8:00am Secretary of State



5248 NICHOLS DRIVE WEST 5248 NICHOLS DRIVE WEST   LAKELAND FL 33813 LAKELAND FL 33813								
					DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified			
2 Principal P	Place of Business	2a. Mailing Address			06/18/1997 4. FEI Number	<del></del>		
21 524	8 Nichols Dr W 28 5248 NIChols			Dia	) 65.0762157	h	pplied For ot Applicable	
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt #, etc.			5. Certificate of Status Desired	•	Additional equired	
City & Stat	10	Cily & State			Election Campaign Financing		·	
					Trust Fund Contribution	Added	May Be to Fees	
24 338	813 25 POLK	Zip 3 38 / 3	30 Coun	POLIC	<ol> <li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li> </ol>		tangible	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
AMERILAWYER CHARTERED 8					Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)				
				13				
			_					
				City	FL	85 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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered A	oent signature requ	ired when reinstating) DATE	<del></del>		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12	
TITLE	PO	DELETE	1.1 THTU			Change	Addition	
NAME	ERNEST, GREGORY D		1.2 NAM	E			13	
STREET ADDRESS	5248 NICHOLS DRIVE WEST		1.3 STR	ET ADDRESS			{	
CITY-ST-ZIP	LAKELAND FL 33813	·	1.4 CITY	-ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITU		*.*	☐ Change	☐ Addition C	
NAME	ERNEST, KAREN S		2.2 NAM	E				
STREET ADDRESS	\$248 NICHOLS DRIVE WEST		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33813		_	'- ST - ZIP				
TITLE	STD STD	L_J DELETE	3.1 TITLE			Change	Addition	
NAME	ERNEST, SCOTT K		3.2 NAM	E				
STREET ADDRESS	5248 NICHOLS DRIVE WEST		3.3 STRE	ET ADDRESS			İ	
CITY-ST-ZIP	LAKELAND FL 33813	T OPIETE		-ST-ZIP	***************************************			
TITLE		☐ DELETE	4.1 TITLE	1		<b>∟</b> Change	☐ Addition	
NAME			4. 2 NAM	-				
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY	<del></del>			F7.1	
			5.1 TITLE			☐ Change	☐ Addition	
NAME CIRCL ADDRESS			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE	*	DELETE	5.4 CITY			1 05	A 4 304	
NAME		C OECETE	6.1 TITLE	ľ		L Change	Addition	
			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
14   hereby c	sertify that the information supplied with	this files does not qualify for	6.4 CITY		Continue 110 07/9/// Florido Clat. 400 15	- 1'f al 1 al		

Indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

4/20/08 01111-48-1157