05-05-1999 90136 017 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000056333

1. Corporation Name

TITLE

NAME

STREET ADDRESS

G & G HOME REPAIR, INC.

					<u> </u>		11 06 1111 1001
Principal Place of Business Mailing Address							
320 FERDINAND DR. 320 FERDINAND DR.							
LONGWOOD FL 32750		LONGWOOD FL 32750			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					06/23/1997		
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	App	lied For
21		26	_		59-3456112	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 A	
22		27			5. Continuate of Charles Decirco	Fee Req	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 №	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year la	ntangible Yes [□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Haite and Address of New Registers	- Agv	
SCH	WARTZ, GEORGE P JR.		Ľ.				
320 FERDINAND DR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
LONGWOOD FL 32750			83				
			84	City	F	85 Zip C	ode
11 Durement	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	s, the above	e-named com	poration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was aut	nonzea ov	the corporati	on's board of directors. I hereby accept the app	ointment as reg	istered
	m tamiliar with, and accept the obliga	lions of, Section 607.0303, Florid	ua Statutes	•			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agei	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P DELETE 1.1		1.1 TITLE			☐ Change	Addition
NAME	SCHWARTZ, GEORGE P III		1.2 NAME				
STREET ADDRESS	320 FERDINAND DR.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY+S	T-ZIP			
TITLE	VST □ DELETE 2.11		2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	320 FERDINAND DR.	•	2.3 STREE	TADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME	,		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				Ì
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY OT 7ID			5.4 CITY-S	T-ZIP			

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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

☐ Addition