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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000060253 (6)

G F & C GNADALL SENV	ICE, INC.	

FILED Jan 29 1998 8:00am Secretary of State



Francipal Flaci	e or positiess	Mailing Address		
	EW BOULEVARD	856 CANALVIEW BOULEVAR	₽D	
PORT ORANG	SE FL 32119	PORT ORANGE FL 32119		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				07/10/1997
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21			1492	59.345354 / Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		- Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28 PORT ORANG	E, F/	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 32129-1492 30)[Personai Property Tax due June 30. 🔀 Yes 🗌 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
	ANJO, WAYNE M		81 Name	
	CANALVIEW BOULEVARD		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
POI	RT ORANGE FL 32119			
			83	
			94 05	
			84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	norized by the corporation	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
1	The state of the s	mons of, section con.cscs, Florid	a Statutes.	
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Re	egistered Agant signature require	ed when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARANJO, WAYNE M		1.2 NAME	
STREET ADDRESS	856 CANALVIEW BOULEVARD	1	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS				
1			2.3_STREET ADDRESS	'-v ·
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP	
ŀ		□ nereig	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4,1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
City - St - ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS		j	5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	İ
TITLE		DELETE	6.1 TITLE	Change Addition
NAME		_	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	ļ
CHIECH MODILESS			0.5 STREET ADDRESS	

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.