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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700061801

G & E INVESTMENTS OF PENSACOLA, INC.

												. 		
Principal Place	of Business	Mailing Ad	dress					1188/188/ ((19111 18011 9	8111 88111 88111 8 1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1300 BAYOU BU			POST OFFICE 30009 PENSACOLA FL 32503-1009						DO NOT	WRITE IN T	HIS S	SPACE		
PENSACOLA FL 32503-1009 '					į			3. Date Incorporated or Qualifed						
							ĺ	07/15/1997						ĺ
2. Principal P	ace of Business	2a. Mailing	Address					4. FEI Number					Appli	ed For
21		26	<u>⊢</u> ¬					59-3463561			Not Applicable			pplicable
Suite, Apt.	#. etc.		Apt. #, etc.				\neg		.t. Dest	ed - 🗀		\$8.7	5 Add	ditional
22	The second of th	27	=		-			5. Certifcate of St	atus Desi	ea - 🗀		_ Fe∈	Requ	ired
City & Stat	9	 _	City & State					6. Election Camp	aign Finar	icing _		\$5.0	00 м	ay Be
23		28						Trust Fund Co	ntribu <u>tio</u> n			Add	ed to	ees
Zip	Country	Zip		Co	untry	·		8. This corporation	n owes th	e current yea	r Inta	ngible		_ }
24	25	29		30				Personal Prop	erty Tax.			☐ Yes		No
	9. Name and Address of Curren	t Registered A	gent					10. Name and Ad	dress of	New Register	red A	gent		
					81	Name								1
	IING, EDWARD P				82	Street A	Addres	ss (P.O. Box Numbe	r is Not A	ccentable)				
4300 BAYOU BLVD					02	Outcoll	100100	33 (1 .O. DOX 110111D0						
	E 12 & 13				83									
PENS	SACOLA FL 32503-1009				ļ.,	-						Toel :	Zip Co	
	•				84	City					FL	85 2	zip Co)
SIGNATURE	m familiar with, and accept the obligation of familiar with accep		. (NOTE				v beniups	when reinstating) ADDITIONS/CH	ANGES T	DATE O OFFICERS		D DIREC	CTOR	 S IN 12
TITLE	PST	D DIRECTORS	[] DELETE	1.1 T	TILE		D					Chan		Addition
NAME	FLEMING, EDWARD P				AME	ļ	_	ouise Atc	hieor	,				
STREET ADDRESS	4300 BAYOU BLVD STES 12	£ 13				TADDRESS		00 Indust						ļ
	PENSACOLA FL 32503	u 10			TY-S	į,		ensacola,						Ì
TITLE	PENOACOLA TE 32303		[] DELETE	2.1 T				ensacora.,	_ <u></u>	<u> </u>		Char	nge	Addition
NAME					AME	ļ	í							{
						T ADDRESS								
STREET ADDRESS					CITY-S	- 1				, -				
CITY-ST-ZIP TITUE			DELETE	3.1 T								Char	nge	Addition
NAME			_	3.2 N	AME		i i			•				
STREET ADDRESS						TADDRESS	I I							}
CITY-ST-ZIP		•			CITY-S	- 1								
TITLE			DELETE	_	TILE							Char	nge	Addition
NAME				4.21	NAME	- 1								ĺ
STREET ADDRESS				4.3 5	TREE	T ADDRESS								
CITY-ST-ZIP				4.4 8	лү-5	T-ZIP	ĺ		_					
TITLE			DELETE	5.1 T	TLE							Char	nge	☐ Addition
NAME				5.2 N	AME	- 1								
STREET ADDRESS	}			5.3 9	TREE	TAODRESS								}
CITY-ST-ZIP					CITY-S	T-ZIP	L							
πιε			DELETE	6.11	TILE							Char	nge	☐ 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

REQUIEDWARD P. Fleming

4/30/99

(850) 477-0660

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90127 037 ***150.00

CR2E034 (11/98)