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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068913 (7)

G & B ENTERPRISES OF LAKE COUNTY, INC.

1300 W. NORTH BLVD. 1300 W. NORTH BLVD. LEESBURG FL 34748 LEESBURG FL 34748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRIZZARD, THOMAS N 1300 W. NORTH BLVD. Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 83 City 84 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. Stynature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE President NAME 1.2 NAME James M. Bevan STREET ADDRESS 1.3 STREET ADDRESS 1300 W. North Blvd. 1.4 CITY-ST-ZIP CITY-ST-ZIP Leesburg, FL. 34748 ■ DELETE Change Addition 2.1 TITLE TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ■ DELETE Change Addition TITLE 3.1 TITLE Secretary/Treasurer NAME 3.2 NAME Thomas D. Grizzard STREET ADDRESS 3.3 STREET ADDRESS 1300 W. North Blvd. CITY-ST-ZIP 3.4. CITY-ST-ZIP Leesburg, Fl. 34748 DELETE Change ☐ Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE 5 1 TITLE ☐ Change Addition TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE ☐ Change Addition 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 City-ST-ZiP

14. I hereby cortify 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 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