

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000069012

1. Corporation Name

G & E OF JAX, INC.

Principal Place of Business

Mailing Address

9172 Baymeadows Rd. 9172 Baymeadows Rd.
Jacksonville, FL 32256 Jacksonville, FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

August 8, 1987

2. Principal Place of Business 21 8789 San Jose Blvd.	2a. Mailing Address 26 8789 San Jose Blvd.
Suite, Apt. #, etc. 22 212	Suite, Apt. #, etc. 27 212
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32217	Country 25 Duval
Zip 29 32217	Country 30 Duval

4. FEI Number
59-3462178

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON D. ROTHSTEIN, ESQ.
4417 Beach Blvd., Suite 104
Jacksonville, FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	NAMMOUR NAMMOUR
STREET ADDRESS	9172 Baymeadows Rd.
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	V/D
NAME	NICHOLAS ANTAR
STREET ADDRESS	9172 Baymeadows Rd.
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	T
NAME	ROBERT ANTAR
STREET ADDRESS	9172 Baymeadows Rd.
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	S
NAME	CAMELL NAMMOUR
STREET ADDRESS	9172 Baymeadows Rd.
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D
1.2 NAME	NAMMOUR NAMMOUR
1.3 STREET ADDRESS	8789 San Jose Blvd., Suite 212
1.4 CITY-ST-ZIP	Jacksonville, FL 32217
2.1 TITLE	V/D
2.2 NAME	NICHOLAS ANTAR
2.3 STREET ADDRESS	8789 San Jose Blvd., Suite 212
2.4 CITY-ST-ZIP	Jacksonville, FL 32217
3.1 TITLE	T
3.2 NAME	ROBERT ANTAR
3.3 STREET ADDRESS	8789 San Jose Blvd., Suite 212
3.4 CITY-ST-ZIP	Jacksonville, FL 32217
4.1 TITLE	S
4.2 NAME	CAMELL NAMMOUR
4.3 STREET ADDRESS	8789 San Jose Blvd., Suite 212
4.4 CITY-ST-ZIP	Jacksonville, FL 32217
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS ANTAR, Vice Pres. 3/16/98 (904) 731-1903

Date

Daytime Phone #

CR2E034 (10/97)