

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000107679 (7)

1. Corporation Name

G&B FLORIDA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

50 NORTH LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202

50 NORTH LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 8036 Philips Hwy	26 8036 Philips Hwy		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 Jacksonville Florida	28 Jacksonville Florida		
24 32256	29 32256	30 U.S.	

3. Date Incorporated or Qualified 12/23/1997	
4. FEI Number 59-3483412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KNIGHT, JOHN E III
XOXO HANCOCK ADAMS DOBSON FAX
50 N LAURA ST., 3300 BARNETT CENTER
JACKSONVILLE FL 32202

c/o McGuire Woods Battle & Boothe LLP

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory F. Stotler	1.2 NAME	
STREET ADDRESS	11 Lakeside Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lake St. Louis, MO 63367	1.4 CITY-ST-ZIP	
TITLE	D/VP/S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Rhodes	2.2 NAME	
STREET ADDRESS	11 Lakeside Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lake St. Louis, MO 63367	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)