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 # P98000021224

G & G ENTERPRISES OF JACKSONVILLE, INC.

					}					
Principal Place of Business Mailing Address						11001	 	ALL BALLS BRIDGE 11	101 11818 11918	,
-13641 SHIPWATCH DRIVE 13641 SHIPWATCH DRIVE										
							DO NOT WRI	TE IN THIS S	SPACE	
						3. Date Inco 03/06/1	rporated or Qualifed			
Principal Place of Business 2a. Mailing Address						4. FEI Numb			_ 	oplied For
21 840 A / A N. 26						59	<u>- 349660</u>	<u>ප</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 320 27							of Status Desired			Additional equired
City & State City & State				6. Election Campaign Financin			Campaign Financing		\$5.00	May Be
23 PONTE VEDRA BEACH, FL 28				Trust Fund Contribution			d Contribution		Added	to Fees
			Country	0. 11110 001 por amen en e					CIN-	
24 3208.			30 <i>45</i>	/}			Property Tax.		Yes	□No
	9. Name and Address of Cu	rrent Registered Agent	81	Nome		10. Name an	d Address of New F	registered A	gent	
⊔O/v	/ard, G. Alan		61	Name						
C/O MILAM OTERO LARSEN DAWSON & TRAYLOR PA				Street	t Address (P.O. Box Number is Not Acceptable)					
1301 RIVERPLACE BLVD SUITE 1301										
JACKSONVILLE FL 32207				City					85 Zip	Code
			84	•				<u>FL</u>		
office or r	paintered agent or both in the St	0502 and 607.1508, Florida Statute: ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized by	the corb	corpora oration's	ation submits t s board of dire	this statement for the ectors. I hereby accep	purpose of c at the appoin	nanging its tment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: I	Registered Agen	t signature :	required wi	hen reinstating)		DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITION	S/CHANGES TO OF	FICERS ANI	DIRECTO	ORS IN 12
TITLE	& PRESIDENT	☐ DELETE	1.1 TITLE			-			☐ Change	☐ Addition
NAME	CARLSON, GLENN		1.2 NAME							
STREET ADORESS	40044 OURDWATOU DOWE		1.3 STREET	ADDRESS	:					
CITY-ST-ZIP		225-5403	1.4 C/TY- ST	-ZIP				_		
TITLE		☐ DELETE	2.1 TITLE	K	SEC	RETAK	<u>'</u>		☐ Change	Addition
NAME			22 NAME		GE	026-1A	CARLSON			
STREET ADDRESS			2.3 STREET	ADDRESS	136	41 5#	IPWATCH U	K .		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	JA	X. FL.	CARISON IPHATCH D 32225-	5403		
TITLE		☐ DELETE	31TMLE						☐ Change	Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRESS	;					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE						Change	Addition Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS	i					
CITY-ST-ZIP			4.4 CITY-S	r-ZIP						
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS	•					
CITY-ST-ZIP			5.4 CITY-S	r-ZIP						
TITLE		☐ DELETE	61 TITLE						Change	Addition
NAME			6.2 NAME							
CTDEET ADDDEEC	1		6.3 STREET	ADDRESS	i I					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

May 10, 1999 8:00 am Secretary of State

05-10-1999 90167 002 ***150.00