## 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 # P98000051063

G & J DEVELOPERS, INC.

Mailing Address

1244 SUMMITT LANE GULF BREEZE FL 32561

Principal Place of Business

1244 SUMMITT LANE GULF BREEZE FL 32561

## **FILED** Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90040 018 \*\*\*150.00



					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed 06/05/1998		
2. Principal Pla	ace of Business	2a. Mailing Address		1	4. FEI Number		Applied For
21		26			593522274		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	11 +	5 Additional
22		27			5. Certificate of Status Desired Fee Required		
City & State		City & State		ĺ	6. Election Campaign Financing	1 1 7 -	<b>)0</b> May Be
23		28			Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the curren		
24	25	29 30	1		Personal Property Tax.  10. Name and Address of New Reg	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	81 Na	ame	To. Name and Address of New Re	gistered Agent	<del></del> -
TZINA	VOS, KONSTANTINOS			Ko	astantinos Tzinavos		_
1244 SUMMITT LANE			82 Street Address (P.O. Box Number is Not Acceptable)				
GULF	BREEZE FL 32561		83	472	3 Molino D Meadou	48 KD	
			84 Ci		-		ip Code
		1 207 4500 El .: 1 Oct 1	**	Mol	146		32577
11. Pursuant to office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of a familiar with	and 607.1508, Florida Statutes, f Florida. Such change was auth	the above-hall orized by the	med corpora corporation's	s board of directors. I hereby accept t	the appointment as	s registered
agent. I ал	familiar with and accept the obligation	ons of, Section 607.0505, Florida	Statutes.				
SIGNATURE _	Marke				1/:	7/99 DATE	
12.	Signatur, typed or printed name of registered agent OFFICERS AND		gistered Agent sign	nature required w	ADDITIONS/CHANGES TO OFFI		TORS IN 12
TITLE	OFFICERS AND	DELETE	1.1 TITLE	Peas	sident	Chan	
			1.2 NAME	1		_	
NAME			1.3 STREET ADD	207.5 207.5	stantinos Tzinovos 5 Molino 🗪 Meodows	TP.J	
STREET ADDRESS			1.4 CITY-ST-ZIP		ing FL	~5	
CITY-ST-ZIP		☐ DELETE	2.1 TITLE		- President	☐ Chan	ge 🔀 Addition
NAME			2.2 NAME		u Tzidavos		
STREET ADDRESS		•	2.3 STREET ADD		Eclipse Lane		
			2. 4 CITY-ST-ZIP		sacola Fi 32514		
CITY-ST-ZIP TITLE	☐ DELETE		3.1 TITLE	T EAG	DACO 84, PL 04015	☐ Chan	ge
NAME		_	3.2 NAME				
STREET ADDRESS			3.3 STREET ADO	RESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIF				
TITLE		☐ DELETE	4.1 TITLE			Char	ge Addition
NAME			4.2 NAME				ļ
STREET ADORESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 CITY+ST-ZiP	.			
TITLE		☐ DELETE	5.1 TITLE			☐ Char	ige
NAME			5.2 NAME				j
STREET ADDRESS			5.3 STREET ADD	RESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Char	ge
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	RESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	.	_		
			_	<del> </del>			- · · · · · · · ·

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 flue 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 trust is imported 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 address, with all other like empowered.

SIGNATURE:

