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 # P98000094094

G & V ELLIOTT ENTERPRISES, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90199 006 ***150.00



	<u></u>				1		\$100 EULO		
Principal Place	of Business	Mailing Address							
453 NORTH CO	UNTY ROAD 470	453 NORTH COUNTY ROA		ļ					
LAKE PANASOFFKEE FL 33538		LAKE PANASOFFKEE FL 33538			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					11/06/1998			ļ	
e Principal Di	and of Business	2a, Mailing Address			4. FEI Number		I An	plied For	
-	ace of Business				59-3541001		—	t Applicable	
21)	# 010	Suite, Apt. #, etc.			51-5511561		\$8.75		
Suite, Apt. :	#, etc.	· ·			Certificate of Status Desired	Œ	Fee Re		
22 City & State		City & State			_6, Election Campaign Financing		\$5.00	May Ro	•
City & State		28			Trust Fund Contribution	□	Added 1		-
Zip	Country	Zip	Country		8. This corporation owes the curren	nt vear Intan	aible		•
一 ·	[25]	29	30		Personal Property Tax.		Yes	□No	1
24	9. Name and Address of Current		130		10. Name and Address of New Re	gistered A	gent		1
	3. 12.110 0.110 1.101		81 N	lame					1
AME	rilawyer			\	- /D.O. Boy Number is Not Assessed				}
	ALMERIA AVENUE		82 S	street Addres	s (P.O. Box Number is Not Acceptab	, o)			
	AL GABLES FL 33134		83						
			84 C	City			85 Zip (Code	
<u> 1966 - 1</u>	the state of the s	· · · · · · · · · · · · · · · · · · ·			The second secon	FL	angina ita	ragistarad	ł
"" " office or re	to the provisions of Sections 607 0502 egistered agent, or both, in the State of	t Florida: Such change was a	aumonzeo oy ine	COLDOLATION	ation submits this statement for the p 's board of directors. I hereby accept	the appoint	ment as re	gistered	
agent. I'ai	m familiar with, and accept the obligation	ons of Section 607.0505, Flo	orida Statutes. 🔻	إلكانية والمهروة	2000年1月1日 · 中国的特别的	1	MAN A	July 1 54.	. · · · ·
SIGNATURE				47 g. 3		在 图》。	1. 1. 2];;;
	Signature, typed or printed name of registered agent		E: Registered Agent sig	nature required w		CEDE AND	DIRECTO	DC IN 12	9
12	OFFICERS AND	DELETE	13.	,	ADDITIONS/CHANGES TO OFF		☐ Change	Addition	1 3
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STREET ADORESS	453 NORTH COUNTY ROAD 47		2.3 STREET AD	DRESS					
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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.



(352) 793-6601