

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90094 015 \*\*\*150.00

DOCUMENT # P98000106254

1. Corporation Name  
G & C WALLS, INC.

Principal Place of Business

21701 FREEMAN DR.  
UMATILLA FL 32784

Mailing Address

21701 FREEMAN DR.  
UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1998

4. FEI Number

59-3547661

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11418 CYPRESS DR

Suite, Apt. #, etc.

22

City & State

23 CLERMONT FL

Zip Country

24 34711 25

2a. Mailing Address

26 11418 CYPRESS DR

Suite, Apt. #, etc.

27

City & State

28 CLERMONT FL

Zip Country

29 34711 30

9. Name and Address of Current Registered Agent

SLOCOMB, LORRAINE M  
21701 FREEMAN DR.  
UMATILLA FL 32784

10. Name and Address of New Registered Agent

81 Name GEORGE S WALLS

82 Street Address (P.O. Box Number is Not Acceptable)  
11418 CYPRESS DR

83

84 City CLERMONT

FL

85 Zip Code 34711

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 X *George S. Walls*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 1/30/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WALLS, GEORGE S  
STREET ADDRESS 11418 CYPRESS DR.  
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ DELETE

NAME WALLS, COLLEEN R  
STREET ADDRESS 11418 CYPRESS DR.  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X *George S. Walls*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/30/99  
Date

Daytime Phone #

CR2E034 (11/98)