## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000031389

6518 ABACO DR

APOLLO BEACH, FL 33572

Address: City-St-Zip:

Entity Name: G.P.C. HOLDING CORPORATION

FILED Apr 18, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1725 OAKHURST AVE 5072 PICKETTVILLE ROAD JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32254 **Current Mailing Address: New Mailing Address:** POST OFFICE 40886 JACKSONVILLE, FL 32203 FEI Number: 59-3569413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLACKBURN, BRYAN E GRAHAM, MARION GM 1921 DEWEY PLACE 5072 PICKETTVILLE ROAD JACKSONVILLE, FL 32207 US US JACKSONVILLE, FL 32254 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MARION GRAHAM 04/18/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition GRAHAM, MARION Name: Name: PO BOX 43186 Address: Address: City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PICKELL, MORRIS Name: 1610 HAWKS NEST DRIVE Address: Address: ORANGE PARK, FL 32073 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CARTER, TERRY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARION GRAHAM JR. P 04/18/2002