FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S23842 (5) G & S GRAND, INC. Principal Place of Business Mailing Address 546 NORTH MYRTLE AVENUE 546 NORTH MYRTLE AVENUE JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3045413 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Z_{1D} Country B. This corporation owes or has paid the current year Intangible ΠÑο 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEONARDI KENNETH **546 NORTH MRYTLE AVE** 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title d opplicable (NOTE: Registered Agent signature required when reinstaling) CR2E034 (10/97 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST TITLE DELETE 1.1 TITLE Change ___ Addition LEONARDI, KENNETH NAME 1.2 NAME 10321 TAWA TRAIL 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIF 1.4 CITY-\$1-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 31 THILE Change ☐ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

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. 11 2/98 00120120

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP