## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

|   |   | ٦    | 19 | 9 | 6 |       |              | 1      |
|---|---|------|----|---|---|-------|--------------|--------|
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| _ | _ | <br> |    |   |   | <br>_ | $\mathbf{n}$ | $\sim$ |

| G. P. L. AND K., INC.    Innoque Place of Euriness   Maling Address  | DOCUMENT # S39302 (2) 1. Corporation Name |  |   |               |                 |   |  |                                  |                               |                                 |               |
|--|---|--|---|---------------|-----------------|---|--|----------------------------------|-------------------------------|---------------------------------|---------------|
| Sample   S   |   |  |   |               |                 |   |  |                                  |                               |                                 |               |
| Sample   S   |   |  |   |               |                 |   |  |                                  |                               |                                 |               |
| ST PETERSBURG FL 33714  ST PETERSBURG FL 33714  ST PETERSBURG FL 33714  ST PETERSBURG FL 33714  Solid Apt. P. etc.  Solid Apt. | Principal Place                           | of Business                                | Mailing Address                               | •             |                 |   | - T ORBEIDIR IDD TIIID IDEAR IIIII AAIA<br>  | SERE BERNI DI                    | OLI ÇIQIL QUÇU.               | 8 I                             |               |
| 2. Principal Place of Business   2a. Mailing Activess   4. FEI Number   59-3138912   Nov. Applicable   South, Apt. #, etc.   25 Surfa, Apt. #, etc.   55 Surfa, Apt. #, etc |   |  |   | 114           |                 |   |  |                                  |                               |                                 |               |
| Principal Place of Business   2a, Malling Address   2a, Malling    | SI PETERSOU                               | ING FL 33/14                               | SI PETENSOUNG PE 33                           | /14           |                 |   | B. Data Incorporated or Qualified  | I no Do                          | to of Leet D                  | opod.                           | <u>-</u> 1    |
| Suite, Apt. #, etc.  To Suite, Apt. #, etc.  Suite, |   |  |   |               |                 |   |  |                                  |                               |                                 |               |
| Suite, Apil. #, etc.   277   Suite, Apil. #, etc.   288   Suite, Apil. #   |   | ice of Business                            | F-1   |               |                 | •                                       |  | EO 0400040                       |                               |                                 | 1             |
| City & State  Country  City & State  Country  Countr | Suite Apt. #                              | t etc                                      | · <del>   </del>                              |               |                 |   | \$8.75 Addition  |                                  |                               |                                 | -             |
| 28   | 22  | 1 000                                      | <u> </u>                                      |               |                 |   | 5. Certificate of Status Desired   |                                  |                               |                                 |               |
| Zip    |   |  |   |               |                 |   |  |                                  |                               |                                 |               |
| UCBBEL, GREGORY P 3200 46TH AVE NORTH ST PETERSBURG FL 33714  83  44 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITLE  DPT  LOEBEL, GREGORY P  3200 46TH AVE NORTH  1.3 SIREIT ADDRESS  ST PETERSBURG FL  1.4 CITY-SI-ZIP  STUPP, MORTON  22 NAME  STUPP, MORTON  23 STREET ADDRESS  ST PETERSBURG FL  1.4 CITY-SI-ZIP  DELETE  1.1 TITLE  DV  Change Addition   | Zφ  | <del>  -  </del>                           | Zıp   | Zip Cour      |                 | y 8. This corporation has liability for |  | intangible tax under s. 199.032, |                               |                                 | 1             |
| LOBBEL, GREGORY P 3200 46TH AVE NORTH ST PETERSBURG FL 33714  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City  | 24  |  | <u> </u>                                      | 30            | Τ               |   |  |                                  | Agent                         |                                 | -             |
| 3200 46TH AVE NORTH ST PETERSBURG FL 33714  83  City FL 85  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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of 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 Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, I am a registered agent, I a |   | g. Name and Address of Outron.             | Trogration of Progration                      |               | 81              | Name                                    | 10, Name and Addition of four fo   | 9,010,00                         | - Figure                      |                                 | 1             |
| ST PETERSBURG FL 33714  83  City  FL  85  Zp 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  SUBJECT OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTER ORBERLA ADDRESS  CITY-ST-ZIP  LOEBEL, GREGORY P  3200 46TH AVE NORTH  STUPP, MORTON  3200 46TH AVE N  STEPERSBURG FL  1.4 CITY-ST-ZIP  INTER  DV ORTHORDOWN ORTH  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL  3 1 TITLE  Change Addition   |   |  |   |               | 82              | Street Addre                            | ss (P.O. Box Number is Not Acceptab  | le)                              |                               |                                 | 4             |
| T1. 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  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITLE  DPT  LOEBEL, GREGORY P  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INTIE  DPT  LOEBEL, GREGORY P  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INTIE  DPT  LOEBEL, GREGORY P  12. NAME  SIMEET ADDRESS  ST PETERSBURG FL  14. CITY-ST-ZIP  ITLE  STUPP, MORTON  22 NAME  STUPP, MORTON  3200 46TH AVE N  23 STREET ADDRESS  CITY-ST-ZIP  ITLE  DV  DELETE  1. TITLE  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  |   |  |   |               | 83              |   |  |                                  |                               |                                 | -             |
| 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 agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.  SIGNATURE    Supplied the provisions of Provisions of Section 607.0508, Florida Statutes.   SIGNATURE   Supplied the provisions of Section 607.0508, Florida Statutes.   SIGNATURE   Supplied the provisions of provisions of Section 607.0508, Florida Statutes.   SIGNATURE   Supplied the provisions of Section 607.0508, Florida Statutes.   SIGNATURE   Supplied the provisions of Section 607.0508, Florida Statutes.   In the supplied the provisions of Sections 607.0508, Florida Statutes.   SIGNATURE   Supplied the provisions of Section 607.0508, Florida Statutes.   In the supplied the provisions of Sections 607.0508, Florida Statutes.   In the supplied the provisions of Sections 607.0508, Florida Statutes.   In the supplied the provisions of Sections 607.0508, Florida Statutes.   In the supplied the provisions of Sections 607.0508, Florida Statutes.   In the supplied the provisions of Section 607.0508, Florida Statutes.   In the supplied the provisions of Section 607.0508, Florida Statutes.   In the supplied the provisions of t | SI PERE                                   | 1350NG FL 33714                            |   |               |                 |   |  |                                  | - r                           |                                 |               |
| or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0506, Florida Statutes.  SIGNATURE  Signature typod or printed name of registered agent and title if applicable. PATE:  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DPT  LOEBEL, GREGORY P  12. NAME  LOEBEL, GREGORY P  12. NAME  STHEET ADDRESS  GITY-ST-ZIP  ST PETERSBURG FL  1.4 CITY-ST-ZIP  TITLE  SUPPLY MORTON  22 NAME  STHEET ADDRESS  GITY-ST-ZIP  ST PETERSBURG FL  1.4 CITY-ST-ZIP  ST PETERSBURG FL  2.4 CITY-ST-ZIP  TITLE  DV  Change Addition  Change Addition  Change Addition  NAME  LOEBEL, KIMBERLY J  3.3 STREET ADDRESS  GITY-ST-ZIP  TITLE  DV  Change Addition  |   |  |   |               | 84              | City                                    |  | FI                               | _  85   Zij                   | o Code                          |               |
| familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typod or printed name of registered agent and little if applicable.   PNOTE Polystered Agent segrature required when reinstating)   DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    ITILE   DPT  | or registere                              | ed agent, or both, in the State of Florida | <ul> <li>Such change was authorize</li> </ul> | s, the abo    | ove-na<br>corpo | amed corpora<br>ration's board          | tion submits this statement for the pur<br>l of directors. I hereby accept the app | pose of cl<br>pintment a         | nanging its r<br>s registered | egistered office<br>Lagent. Lam | ]             |
| Styrature typed or printed ranne of registered agent and title if applicable.   PNOTE: Pagystered Agent signature recovered when reinstating)   DATE   | familiar witl                             | h, and accept the obligations of, Section  | n 607.0505, Florida Statutes.                 |               | •               |   | , , , , , ,  |                                  |                               | •                               |               |
| NAME   STUPP, MORTON   22 NAME   23 STREET ADDRESS   ST PETERSBURG FL   24 CITY-ST-ZIP   DV  |   |  |   | E: Registered | d Agent         | signature required                      |  |                                  |                               | ·                               | ୍ରାଜ          |
| STUPP, MORTON   22 NAME   23 STREET ADDRESS   ST PETERSBURG FL   24 CITY-ST-ZIP   DELETE   31 TITLE   Change   Addition  | ·   |  |   | _             | TITLE           | 1                                       | ADDITIONS/CHANGES TO OFF   | ICERS AN                         |                               |                                 | -<br> 2<br> 2 |
| NAME   STUPP, MORTON   22 NAME   23 STREET ADDRESS   ST PETERSBURG FL   24 CITY-ST-ZIP   DV  |   |  | L] better                                     |               |                 |   |  |                                  | □ oumgo                       | LJ Radillon                     | 7             |
| STUPP, MORTON   22 NAME   23 STREET ADDRESS   ST PETERSBURG FL   24 CITY-ST-ZIP   DELETE   31 TITLE   Change   Addition  |   |  |   |               |                 | UDDRESS                                 |  |                                  |                               |                                 |               |
| STUPP, MORTON   22 NAME   23 STREET ADDRESS   ST PETERSBURG FL   24 CITY-ST-ZIP   DELETE   31 TITLE   Change   Addition  | CITY-ST-ZIP                               |  |   | 1.4 C         | ITY-ST          | - ZIP                                   |  |                                  |                               | <u></u>                         | 18            |
| STHEET ANDRESS   3200 46TH AVE N   23 STREET ADDRESS   24 CITY-ST-ZIP  |   | _  | ☐ DELETE                                      |               |                 |   |  |                                  | ☐ Change                      | ☐ Addition                      | ١٧            |
| ST PETERSBURG FL   24 CITY-ST-ZIP  |   |  |   |               |                 | nnnecec                                 |  |                                  |                               |                                 |               |
| TITLE  | l j                                       |  |   |               |                 |   |  |                                  |                               |                                 |               |
| STREET ADDRESS   |   |  | DELETE  |               | •               | - 111                                   |  |                                  | Change                        | Addition                        | 1             |
| ST. PETERSBURG FL   34 City - St - ZiP     Change   Addition   | NAME                                      |  |   | 3.2 N         | IAME            |   |  |                                  |                               |                                 |               |
| TITLE DELETE 4.1 TITLE Change Addition   | STREET ADDRESS                            |  |   | 3.3. 9        | STREET          | address                                 |  |                                  |                               |                                 |               |
|  |   | ST. PETERSBURG FL                          |   |               |                 | - ZIP                                   |  |                                  |                               |                                 | 4             |
| NAME 4.2 NAME  | l   |  | ☐ DECE IE                                     |               |                 |   |  |                                  | Change                        | ☐ Addition                      |               |
| LO CTOCCY ADDRESS  | 1   |  |   |               |                 | 1000100                                 |  |                                  |                               |                                 | 1             |
| STREET ADDRESS 43 STREET ADDRESS   | [   |  |   |               |                 |   |  |                                  |                               |                                 |               |
| CITY-ST-ZIP  |   |  | ☐ DELETE                                      |               |                 | - LIF                                   |  |                                  | Change                        | Addition                        | 1             |
| NAME 52 NAME   |   |  |   |               |                 |   |  |                                  |                               |                                 |               |
| STREET ADDRESS 53 STREET ADDRESS   | 1   |  |   |               |                 | ADORESS                                 |  |                                  |                               |                                 | ļ             |
| CITY-ST-ZIP 54 CITY-ST-ZIP   |   |  |   |               |                 |   |  |                                  |                               |                                 |               |
| TITLE DELETE 6.1 TITLE Change Addition   | TITLE                                     |  | ☐ DELETE                                      | 6.11          | TITLE           |   |  |                                  | ☐ Change                      | ☐ Addition                      |               |
| NAME 62 NAME   | NAME                                      |  |   | 6.2 N         | IAME            |   |  |                                  |                               |                                 |               |
| STREET ADDRESS 6.3 STREET ADDRESS  | 1 1                                       |  |   |               |                 |   |  |                                  |                               |                                 |               |
| CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further  | CITY-ST-ZIP                               | y cortify that the information cumplied w  | ith this filing is valuntarily furni          | 640           | ITY-ST          | -ZIP                                    | r the exemption stated in Section 110  | 07(3)/ <u>L</u> \ E              | lorida Statur                 | tes I further                   | +             |

pplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in with an eddress. certify that the information indicated on this annual report oath; that I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, and in an annual report of the corporation of appears in Block 12 or Block 13 if changed, and in an annual report of the corporation of the corporation

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 (813) 521-2832 Dato Daytine Phone \*