

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

APPROVED  
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98 JUN 23 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE.

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S59488 (4)  
1. Corporation Name  
G.C.W. ENTERPRISES, INC.

Principal Place of Business 6593 POWERS AVE BAY 12 JACKSONVILLE FL 32217	Mailing Address 6593 POWERS AVE BAY 12 JACKSONVILLE FL 32217
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/10/1991	4. FEI Number 59-3072013	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ODOM, LISA S. 214 N CLAY ST JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 if applicable (Not for Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, GARY G.	1.2 NAME	800002576358-4
STREET ADDRESS	6593 POWERS AVE #12	1.3 STREET ADDRESS	-06/30/98--01064--020
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, LINDA J	2.2 NAME	
STREET ADDRESS	6593 POWERS AVE #12	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR25034 (10/97)

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## HENDRICKSON & ASSOCIATES

Full Line Vending Service  
"Quality Products & Service Since 1959"

GARY G. WEBBER, President  
(904) 733-0793

6593 Powers Ave., #12  
Jacksonville, FL 32217

June 9, 1998

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir:

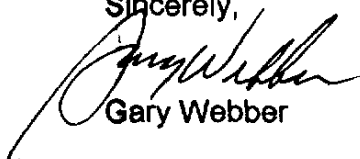
I am paying the \$150.00 each for the two corporations, G.C.W. Enterprises and Anglers Way Fishing Charters, of which I am President and Owner of both.

Also attached is a death certificate of Glynn O. Webber, my father. I am requesting the acceptance of the \$150.00 each as I was scheduled to pay both on April 26, 1998. Due to my fathers illness and subsequent death, I was away from the office in Jacksonville from April 24, 1998 until May 6, 1998 except for small periods of time when I traveled back and forth from his home in the Tallahassee area. Therefore the bills did not get paid on time. As this was the only bill to carry a severe penalty for being late, I am asking leniency.

If this does not meet your approval, please return the checks and I will issue new one that include the penalties.

Thank you in advance.

Sincerely,



Gary Webber