FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S64763** **(3)**

1. Corporation Name
GANG OF FIVE, INC.

Principal Place of Business	Mailing Address
1028 PARK STREET SUITE 3A JACKSONVILLE FL 32205 US	P O BOX 1438 SUITE 3A JACKSONVILLE FL 32201

3. Date Incorporated or Qualified: **07/09/1991**
3a. Date of Last Report: **08/09/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 1200
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Fl.
Zip 29 32201-1200 Country 30

4. FEI Number: **59-3075133** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOOD JR, JONATHAN
4620 AMPAHOE AVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Guy T. Selander, Jr, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 50 North Laura St. #2725
83
84 City: Jacksonville FL 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.150a, 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: L Guy T. Selander, Jr. DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WOOD JR, JONATHAN H 4620 AMPAHOE AVE JACKSONVILLE FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SCHULTZ, CLIFFORD G 118 W ADAMS ST #3A JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WEBB, DANIEL 4620 AMPAHOE AVE JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VTSDC	☒ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P 1028 PARK ST. Jacksonville, Fl. 32204	☒ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	800001856578 -06/10/96--01012--048 ***225.00 200.00	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Daniel W. Webb DANIEL W. WEBB 4/29/96 904-356-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

5-1-96