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

1996

V16775

(1)

DOCUMENT #

1. Corporation Name G.G.T.G., INC.

Principal Place 2291 S.E. FEI 2291 STUART STUART FL 3	D HWY Centre	Mailing Address 3412 NE CAUSEWAY BLVD. NO. 101 JENSEN BEACH FL 34957					
US		US			3. Date Incorporated or Qualified 02/26/1992	3a. Date of La 04/04	
2. Principal Pla		2a. Mailing Addre 26]			4. FEI Number 65-0314013		Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #,	etc.		5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State	T		6. Election Campaign Financing Trust Fund Contribution	<u> </u>	55.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Cur	29 29 Agestered Agent	30]	ntry	This corporation has liability for it Florida Statutes Yes Name and Address of New R	□No	
				81 Name	to, name and Address of Hear A	egistered Agen	<u>,,, , , , , , , , , , , , , , , , , , </u>
ADKINS, CHARLES H. 3412 NE CAUSEWAY BLVD. NO. 101				82 Street Address (P.O. Box Number is Not Acceptable) 83			
JENSEN	BEACH FL 34957		_	84 City		FL 85	1
familiar with	ed agent, or both, in the State of F h, and accept the obligations of, S Signature, typed or printed name of registrated a	ection 607.0505, Florida S	uanorized by the or tatutes.	Orporation's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	ointment as regis	tered agent. I am
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	D	DELET	IE 1 1 1 1 1	LE LE		☐ Cha	ange 🔲 Addition
NAME	ADKINS, CHARLES H.	it in	1.2 NAI	ME			
STREET ADDRESS	3412 NE CAUSEWAY BLV	0.77 101	1.3 STF	REET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL		1.4 0/1	Y-ST-ZIP			ECTORS IN 12 ange Addition
TITLE	T	DELET	TE 2.1 TIT	l E		☐ Cha	ange 🔲 Addition
NAME	ADKINS, ANGELA		2.2 NA	vi:			
STREET ADDRESS	3412 NE CAUSEWAY BLVI	D 3101	2 3 STF	REET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL		2 4 CIT	Y - ST - ZIP			
TITLE		DELET	E 3 1 711	LE .		Cha	ange 🔲 Addition
NAME			3 2 NAI	ve			
STREET ADDRESS			3.3 \$11	REET ADDRESS			
CiTY-ST-ZIP			3 4 CIT	Y - \$1 - ZIP			
TITLE		DELET	£ 4.1 TIT	iξ		Cha	ange 🔲 Addition
NAME			4.2 NAI	VE			
STREET ADDRESS			4.3 S1F	EE1 ADDRESS			
CITY-ST-ZIP			4.4 Cl ²	Y-S1-ZIP			
TITLE		[] DELET	E 5 1 TIT	LE		Cha	ange 🔲 Addition
NAME			5.2 NAM	ME			ł
STREET ADDRESS			53818	EET ADDRESS			
CITY-ST-ZIP			5 4 CIT	Y-ST-ZiP	,		
TITLE		DELET	E 6.111	LE		Cha	ange 🔲 Addition
NAME			6.2 NA3	AE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CH	r - \$1 - ZIP			
oath; that I appears in	the information indicated on this all am an officer or director of the col Block 12 or Prock 13 it changed, o	nnual report är supplement	ial annual report is trustee empowere p address.	true and accura ed to execute thi	for the exemption stated in Section 119.0 ate and that my signature shall have the sis report as required by Chapter 607, Flo	same legal effect rida Statutes; an 401	as if made under
SIGNATI	—	OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTO	n/LS H.	HOKINS 4-27-90	6 401	162.6869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chanles H. HOKiNS 4-27-96