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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V17600**

1. Corporation Name

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90040 035 ***150.00

GANF	LAG CAH SEHVICE INC.						
Principal Place	e of Business	Mailing Address					LDL B B (111
P.O. BOX 326		P.O. BOX 326					
1.0. 50. 52.		MIMS FL 32754			DO NOT WRITE IN THIS	REPACE	
					3. Date Incorporated or Qualifed	SPACE	
					02/27/1992		
2 Principal P	lace of Rusiness	2a. Mailing Address			4. FEI Number	An	plied For
2. Principal Place of Business		26			59-3113362	<u> </u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year in		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent		B1 Name	10. Name and Address of New Registered	Agent	
MUD	IGAN, LEONARD E.			B1 Name			
		Ī	82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
3490 OLIVER COURT MIMS FL 32754		•	-	83			
IMILIAI	V 1 5 V61 VT						
			Ī	84 City	FI	85 Zip	Code
11.5	A. the area delegant Continue COT DEC	22 and 607 1509 Florida Statuta	c the ab	ove-pamed com	oration submits this statement for the nurrose o	f changing its	registered
office or r	edictored agent of both in the State	of Florida, Such change was au	itnorizea.	ov tne corporation	on's board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statu	es.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered A	gent signature require	ed when reinstating) DATE),
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 1711	E		Change	☐ Addition
NAME	MORGAN, LEONARD E		1.2 NA	Æ .			
STREET ADDRESS	3490 OLIVER COURT						1 (
CITY-ST-ZIP	MIMS FL 32754		1.3 STF	EET ADDRESS			
TITLE			1	EET ADDRESS Y-ST-ZIP			
	VP	☐ DELETE	1	Y-ST-ZIP		☐ Change	☐ Addition
NAME	VP Broome, Deanna M.	☐ DELETE	1.4 CIT	Y-ST-ZIP .E		☐ Change	☐ Addition
NAME STREET ADDRESS) ••	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAV	Y-ST-ZIP .E		☐ Change	Addition
	BROOME, DEANNA M.		1.4 CIT 2.1 TITE 2.2 NAI 2.3 STF	Y-ST-ZIP E ME			
STREET ADDRESS	BROOME, DEANNA M. 3490 OLIVER COURT	☐ OELETE	1.4 CIT 2.1 TITE 2.2 NAI 2.3 STF	Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP		Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE	BROOME, DEANNA M. 3490 OLIVER COURT		1.4 CIT 2.1 TITS 2.2 NA/ 2.3 STF 2.4 CIT 3.1 TITS 3.2 NA/	Y-ST-ZIP E ME ME MESET ADDRESS Y-ST-ZIP E			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	BROOME, DEANNA M. 3490 OLIVER COURT	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NA/ 3.3 STF 3.4 CIT	Y-ST-ZIP E AE SEET ADDRESS Y-ST-ZIP E AE REET ADDRESS Y-ST-ZIP		Change	Addition
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #