

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0086063

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **V21620** (2)
1. Corporation Name
GGB ENTERPRISES, INC.

FILED

98 NOV 19 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98
DO NOT WRITE IN THIS SPACE

Principal Place of Business
8735 HYALEAH ROAD
TAMPA FL 33617

Mailing Address
8735 HYALEAH ROAD
TAMPA FL 33617

2. Principal Place of Business
21 **19506 Pine Valley dr**
Suite, Apt. #, etc.
22
City & State
23 **Odessa FL**
Zip Country
24 **33556 USA**
25
2a. Mailing Address
26 **19506 Pine Valley dr**
Suite, Apt. #, etc.
27
City & State
28 **Odessa FL**
Zip Country
29 **33556 USA**
30

3. Date Incorporated or Qualified
03/17/1992
4. FEI Number
59-3118761
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENNETT, VIRGINIA M.
8735 HYALEAH RD
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
19506 Pine Valley dr
83
84 City **Odessa** **FL** 85 Zip Code **33556**

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 Virginia Bennett, President

11/13/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, VIRGINIA SANTOS	1.2 NAME	Bennett Virginia Santos
STREET ADDRESS	8735 HYALEAH RD	1.3 STREET ADDRESS	19506 Pine Valley dr
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Odessa FL 33556
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, GREGORY	2.2 NAME	Bennett Gregory
STREET ADDRESS	8735 HYALEAH RD	2.3 STREET ADDRESS	19506 Pine Valley dr
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Odessa FL 33556
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	300002699963--8
STREET ADDRESS		3.3 STREET ADDRESS	-12/02/98--01031--016
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****750.00 ****750.00
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: SIGNATURE REQUIRED

9/19/98

(813) 926 8068

CR2E034 (5/98)