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Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V26010** (1)

1. Corporation Name
G.G.F. ENTERPRISES II, INC.

Principal Place of Business	Mailing Address
2695 US 1 SOUTH SUITE 203 ST AUGUSTINE FL 32086 US	2692 US 1 SOUTH SUITE 203 ST AUGUSTINE FL 32086-4909 US

2. Principal Place of Business 21 2676 US1 South	2a. Mailing Address 26 2676 US1 South
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St Augustine Fl	City & State 28 St Augustine Fl
Zip 24 32086 Country 25 US	Zip 29 32086 Country 30 US

3. Date Incorporated or Qualified 04/01/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3126385	☐ 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

GRAUBARD, ROBERT M.
2692 US 1 SOUTH
SUITE 203
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name: Robert M Graubard
82 Street Address (P.O. Box Number is Not Acceptable): 2676 US1 South
83
84 City: St Augustine FL 85 Zip Code: 32086

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: Robert M Graubard — Robert Graubard — 3/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAUBAUD, ROBERT M		1.2 NAME	
STREET ADDRESS	117 BRIDGE STR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FORRESTER, KENNETH		2.2 NAME	
STREET ADDRESS	115 BRIDGE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOGGINS, STEVE		3.2 NAME	
STREET ADDRESS	10750 HAMPTON RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do 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: Robert Graubard — 3/31/97 — 904-797-7691

CR2E034 (9/96)