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Jan 29 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 # **V72576** (4)

1. Corporation Name
G & M ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business
**502 CENTRAL PARK BLVD.
SANFORD FL 32771**

Mailing Address
**502 CENTRAL PARK BLVD.
SANFORD FL 32771-6672**



2. Principal Place of Business

21 **2499 OLD LAKE**

Suite, Apt. #, etc.

22 **UNIT 134**

City & State

23 **SANFORD FL**

Zip

24 **32771**

Country

25 **SEMIANA**

2a. Mailing Address

26 **MARY RD**

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/16/1992

3a. Date of Last Report

02/08/1996

4. FEI Number

59-3154020

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

**WHELEN, SIDNEY L III
1009 E HWY 436
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name

SIDNEY WHELEN III

82 Street Address (P.O. Box Number is Not Acceptable)

1009 E HWY 436

83

84 City

ALTAMONTE SP. FL

85 Zip Code

32701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **HERRING, WILLIAM G**
STREET ADDRESS **2700 W FIRST STREET**
CITY-ST-ZIP **SANFORD FL**

TITLE **PT** ☐ DELETE
NAME **COMBS, MICHAEL A**
STREET ADDRESS **2700 W FIRST STREET**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2499 OLD LAKE MARY RD**
1.4 CITY-ST-ZIP **UNIT 134**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2499 OLD LAKE MARY RD**
2.4 CITY-ST-ZIP **UNIT 134**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 47323-8921

Date

Daytime Phone #

CR2E034 (9/96)