

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053022

FILED
Apr 09, 2018
Secretary of State
CC0695430551

Entity Name: GIU-WILL ENTERPRISES INC.

Current Principal Place of Business:

450 STATE ROAD 13N
SUITE 428
ST JOHNS, FL 32259

Current Mailing Address:

450 STATE ROAD 13N
SUITE 428
ST JOHNS, FL 32259

FEI Number: 01-0694176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFFMANN, WILLIAM EJR
450 STATE ROAD 13N
SUITE 428
ST JOHNS, FL 32259 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPST
Name HOFFMANN, WILLIAM EJR
Address 450 STATE ROAD 13N, SUITE # 428
City-State-Zip: ST JOHNS FL 32259

Title D
Name HOFFMANN, ROBERT A
Address 100 WEST CHESTNUT
City-State-Zip: CHICAGO IL 60610-3233

Title D
Name HOFFMANN, JOHN A
Address 100 W. CHESTNUT, APT. 2507
City-State-Zip: CHICAGO IL 60610

Title D
Name ARCHIBALD, JAY
Address 4833 SADDLEHORN TRAIL
City-State-Zip: MIDDLEBURG FL 32068

Title D
Name LEVY, JACQUES
Address 5615 LAKE SHORE VILLAGE CIRCLE
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name MINNIS, KATHY ESQ.
Address 450 STATE ROAD 13N
SUITE 428
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR
Name HOFFMANN, GRACE D
Address 450 STATE ROAD 13N
SUITE 428
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR
Name HOFFMANN, WILLIAM E III
Address 450 STATE ROAD 13N
SUITE 428
City-State-Zip: ST JOHNS FL 32259

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E HOFFMANN

PRESIDENT

04/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MR
Name BAIN, JAMES E ESQ.
Address 450 SR 13N
428
City-State-Zip: ST JOHNS FL 32259