

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

**95 APR 17 AM 11:09**

**DOCUMENT # 316567 (7)**

1. Corporation Name  
**GEOPURE SYSTEMS & SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2300 N.W. 71ST PLACE GAINESVILLE FL 32606-1622**  
Mailing Address: **2300 N.W. 71ST PLACE GAINESVILLE FL 32606-1622**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/09/1967</b>		3a. Date of Last Report <b>04/08/1994</b>	
4. FEI Number <b>59-1166777</b>		Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address	
21	26	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22	27	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State			
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ROSZEL, DANIEL C.</b> <b>2300 NW 71ST PLACE</b> <b>GAINESVILLE, FL 32606</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>COB</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSZEL, NORRIS O</b>	1.2 NAME	
STREET ADDRESS	<b>2300 NW 71ST PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSZEL, DANIEL C</b>	2.2 NAME	
STREET ADDRESS	<b>2300 NW 71ST PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL 0</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, PAMELA R</b>	3.2 NAME	
STREET ADDRESS	<b>2300 NW 71ST PLACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL 0</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSZEL, SUE H</b>	4.2 NAME	
STREET ADDRESS	<b>2300 NW 71ST PLACE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL 0</b>	4.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEEKS, JENNIFER R.</b>	5.2 NAME	
STREET ADDRESS	<b>2300 NW 71ST PLACE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL 0</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORINCZ, ANDREW E DR</b>	6.2 NAME	
STREET ADDRESS	<b>2300 NW 71ST PLACE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 110.07(3)(k), 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: *Daniel C Roszel* (904) 376-7833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name)