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FILED

Feb 14 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 # 328176

(3)

1. Corporation Name  
GMRI, INC.



Principal Place of Business

C/O TAX DEPARTMENT  
5900 LAKE ELLENOR DR  
ORLANDO FL 32809  
US

Mailing Address

PO BOX 59330  
2ND FLOOR CORP TAX  
ORLANDO FL 3285-  
US

3. Date Incorporated or Qualified  
03/27/1968

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1219168

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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 V ☐ DELETE

NAME SWEATT, BLAINE III  
STREET ADDRESS 5900 LAKE ELLENOR DRIVE  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SV ☒ DELETE

NAME DIMOPOULOS, LINDA J.  
STREET ADDRESS 5900 ALEK ELLENOR DRIVE  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE VT ☐ Change ☒ Addition

TITLE PD ☐ DELETE

NAME O'HARA, JEFFREY J.  
STREET ADDRESS 5900 LAKE ELLENOR DR  
CITY-ST-ZIP ORLANDO, FLORIDA 0

2.2 NAME Clarence Otis

2.3 STREET ADDRESS 5900 Lake Ellenor Drive  
2.4 CITY-ST-ZIP Orlando, Florida 32809

TITLE VT ☐ DELETE

NAME SMITH, JAMES D.  
STREET ADDRESS 5900 LAKE ELLENOR DR  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME FAISANT, ROBERT F.  
STREET ADDRESS ONE GENERAL MILLS BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VS ☐ DELETE

NAME WILLIAMS, GEORGE T.  
STREET ADDRESS 5900 LAKE ELLENOR DR  
CITY-ST-ZIP ORLANDO, FLORIDA 0

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE V ☒ Change ☐ Addition

5.2 NAME Robert F. Faisant  
5.3 STREET ADDRESS 5900 Lake Ellenor Drive  
5.4 CITY-ST-ZIP Orlando, Florida 32809

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:

*Robert F. Faisant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

(407) 245-5584

CR2E034 (9/96)