FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90056 042 *****61.25

DOCUMENT # P30635

1. Corporation Name

GLOBAL SERVANTS, INC.

Principal Place of Business	Mailing Address
2290-A S. VOLUSIA AVE. ORANGE CITY FL 32763	2290-A S. VOLUSIA AVE. ORANGE CITY FL 32763

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/21/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 58-1291607 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUTLAND, TIM 2062 WEST PRAIRIE CIRCLE DELTONA FL 32725	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUTLAND, MARK		1.2 NAME		
STREET ADDRESS	912 COHUTTA-BEAVERDALE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COHUTTA GA		1.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUTLAND, TIM		2.2 NAME		
STREET ADDRESS	2062 WEST PRAIRIE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOYE, JIM		3.2 NAME		
STREET ADDRESS	1768 MORRIS LANDERS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCKETT, LAWRENCE		4.2 NAME		
STREET ADDRESS	1798 OAK HILL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	COVINGTON GA		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEACHAM, DOUG		5.2 NAME		
STREET ADDRESS	3 ADVOCATE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN SPRINGS GA 30639		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		

CR2E037 (11/98)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-26-99 904-775-9968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #