

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 038 ***211.25

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000043349

1. Corporation Name
GMRI RESUPPLY WAREHOUSE COMPANY

Principal Place of Business 5900 LAKE ELLENOR DRIVE ORLANDO FL 32809	Mailing Address 5900 LAKE ELLENOR DRIVE ORLANDO FL 32809
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1997	
4. FEI Number 59-3450558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JAMES D.		12 NAME	
STREET ADDRESS 5900 LAKE ELLENOR DR		13 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809		14 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	21 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, GEORGE T.		22 NAME	
STREET ADDRESS 6000 LAKE ELLENOR DR		23 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809		24 CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCINTOSH, JAMES O.		32 NAME	
STREET ADDRESS 6000 LAKE ELLENOR DR		33 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809		34 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAISANT, ROBERT F.		42 NAME	
STREET ADDRESS 6100 LAKE ELLENOR DR		43 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809		44 CITY-ST-ZIP	
TITLE AT	<input checked="" type="checkbox"/> DELETE	51 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE, BRIAN S.		52 NAME John Murphy	
STREET ADDRESS 6100 LAKE ELLENOR DR		53 STREET ADDRESS 5900 Lake Ellenor Drive	
CITY-ST-ZIP ORLANDO FL 32809		54 CITY-ST-ZIP Orlando, FL 32809	
TITLE AS	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLEVERSEY, DIANE		62 NAME	
STREET ADDRESS 6000 LAKE ELLENOR DR		63 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809		64 CITY-ST-ZIP	

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 607, 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: Robert F. Faisant Robert F. Faisant 2|25|99 407.245.5584
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)