FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 25 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 284777 (0)

1. Corporation Name
G C SERVICE COMPANY,INC.

Principal Place of Business	Mailing Address
5405 W. CYPRESS ST. #300 P.O. BOX 22048 TAMPA FL 33607	5405 W. CYPRESS ST. #300 P.O. BOX 22048 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/1964
3a. Date of Last Report: 03/08/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1059842 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (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

BRESNAHAN, T.M.
5405 W. CYPRESS #300
TAMPA FL 33607

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

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	TRIPOLINO, A.P.	1.2 NAME		
STREET ADDRESS	5405 W. CYPRESS #300	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 0	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	RANKIN, D.J.	2.2 NAME		
STREET ADDRESS	5405 W. CYPRESS #300	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 0	2.4 CITY-ST-ZIP		
TITLE	ATAS	3.1 TITLE	AS/AT/VP/D	☐ Change ☐ Addition
NAME	BRESNAHAN, T M	3.2 NAME		
STREET ADDRESS	5405 W. CYPRESS #300	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	KESSEL, R.H.	4.2 NAME		
STREET ADDRESS	702 N FRANKLIN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 0	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	OAK, A.D.	5.2 NAME		
STREET ADDRESS	702 N. FRANKLIN ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	AC	6.1 TITLE		☐ Change ☐ Addition
NAME	NARZISSENFELD, B.	6.2 NAME		
STREET ADDRESS	5405 W. CYPRESS #300	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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 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 no address.

SIGNATURE: T.M. BRESNAHAN 3-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0292697 CP

GC SERVICE COMPANY, INC

ATTACHMENT -1995 CORPORATION ANNUAL REPORT

BOX 12

7.1 V.
7.1 J. C. Crane
7.3 5405 W. Cypress St., Suite #300
7.4 Tampa, Florida 33607