FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 09/02/1964

3a. Date of Last Report: 03/22/1995

2. Principal Place of Business
21: 702 N. FRANKLIN ST.
Suite, Apt. #, etc. 22: SUITE 900
City & State 23: TAMPA FL.
Zip 24: 33602 Country 25:

2a. Mailing Address
26: 702 N. FRANKLIN ST
Suite, Apt. #, etc. 27: SUITE 900
City & State 28: TAMPA FL
Zip 29: 33602 Country 30:

4. FEI Number: 59-1059842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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): 702 N. FRANKLIN ST
83: SUITE 900
84 City: TAMPA **FL** 85 Zip Code: 33602

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 name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	TRIPOLINO, A.P.		1.2 NAME	
STREET ADDRESS	~~5405 W. CYPRESS #300~~		1.3 STREET ADDRESS	702 N. FRANKLIN ST #900
CITY-ST-ZIP	TAMPA, FL 0		1.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	RANKIN, D.J.		2.2 NAME	
STREET ADDRESS	~~5405 W. CYPRESS #300~~		2.3 STREET ADDRESS	702 N. FRANKLIN ST #900
CITY-ST-ZIP	TAMPA, FL 0		2.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE	ATVD	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	BRESNAHAN, T M		3.2 NAME	
STREET ADDRESS	~~5405 W. CYPRESS #300~~		3.3 STREET ADDRESS	702 N. FRANKLIN ST #900
CITY-ST-ZIP	TAMPA, FL 00000		3.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE	S	☐ DELETE	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	☐ DELETE	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	☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	NARZISSENFELD, B.		6.2 NAME	
STREET ADDRESS	~~5405 W. CYPRESS #300~~		6.3 STREET ADDRESS	702 N. FRANKLIN ST #900
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	TAMPA FL 33602

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 an address.

SIGNATURE: Tim Bresnahan Tim Bresnahan 5-16-96 209-4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)