

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

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**Mar 24 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 # 284777 (0)**

1. Corporation Name  
**G C SERVICE COMPANY, INC.**



Principal Place of Business  
**702 N FRANKLIN ST  
SUITE 900  
TAMPA FL 33602  
US**

Mailing Address  
**702 N FRANKLIN ST  
SUITE 900  
TAMPA FL 33602-4418  
US**

3. Date Incorporated or Qualified: **09/02/1964**      3a. Date of Last Report: **05/29/1996**

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

2. Principal Place of Business

21. City & State

22. Suite, Apt. #, etc.

23. City & State

24. Zip      25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. City & State

29. Zip      30. Country

9. Name and Address of Current Registered Agent

**BRESNAHAN, T.M.  
702 N FRANKLIN ST  
SUITE 900  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City      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 in protection of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>TRIPOLINO, A.P.</b>	
STREET ADDRESS	<b>702 N FRANKLIN ST #900</b>	
CITY- ST- ZIP	<b>TAMPA, FL 0</b>	
TITLE	<b>D</b>	
NAME	<b>RANKIN, D.J.</b>	
STREET ADDRESS	<b>702 N FRANKLIN ST #900</b>	
CITY- ST- ZIP	<b>TAMPA, FL 0</b>	
TITLE	<b>ATVD</b>	
NAME	<b>BRESNAHAN, T M</b>	
STREET ADDRESS	<b>702 N FRANKLIN ST #900</b>	
CITY- ST- ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>S</b>	
NAME	<b>KESSEL, R.H.</b>	
STREET ADDRESS	<b>702 N FRANKLIN ST</b>	
CITY- ST- ZIP	<b>TAMPA, FL 0</b>	
TITLE	<b>T</b>	
NAME	<b>OAK, A.D.</b>	
STREET ADDRESS	<b>702 N. FRANKLIN ST</b>	
CITY- ST- ZIP	<b>TAMPA FL</b>	
TITLE	<b>AC</b>	
NAME	<b>NARZISSENFELD, B.</b>	
STREET ADDRESS	<b>702 N FRANKLIN ST #900</b>	
CITY- ST- ZIP	<b>TAMPA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE			
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: *T.M. Bresnahan*      T.M. Bresnahan      3-19-97      Date      Daytime Phone #

CR2E034 (9/96)