

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 343313 (3)  
1. Corporation Name  
GSV, INC.

Principal Place of Business  
1301 KING ROAD  
P.O. BOX 75158  
TAMPA FL 33675

Mailing Address  
1301 KING ROAD  
P.O. BOX 75158  
TAMPA FL 33675

FILED  
Jul 16 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/21/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1235970	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CANOVA, DANNY C 3970 BAILEY RD. MULBERRY FL 33860				81 Name DANIEL A. MORTER			
				82 Street Address (P.O. Box Number is Not Acceptable) 4401 GULF WINDS DRIVE			
				83			
				84 City LUTZ FL 85 Zip Code 33549			

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 DANIEL A. MORTER DATE 6/30/98  
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OLIVER, PLYN L		1.2 NAME				
STREET ADDRESS	1301 KING ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RADFORD, JEFFERY W		2.2 NAME				
STREET ADDRESS	6905 KLEIN ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP				
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CANOVA, DANNY C		3.2 NAME				
STREET ADDRESS	3970 BAILEY ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	MULBERRY FL		3.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHARLES OLIVER		4.2 NAME				
STREET ADDRESS	140 BRANNEN RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND, FL 33813		4.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DANIEL A. MORTER		5.2 NAME				
STREET ADDRESS	4401 GULF WINDS DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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.

SIGNATURE DANIEL A. MORTER DATE 6/30/98 (S13) 247-344

CR2E034 (5/98)