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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

DOCUMENT # 818542

(3)

GLOBAL EXPLORATION & DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address										
4631 HAMMOCK RIDGE DRIVE MULBERRY FL 33860 US		P. O. BOX 600 LAKELAND FL 33602-0600								
						3. Date Incorporated or Qualified 03/02/1965		Date of Last F 5/01/1996	teport	
	lac e of Business	2a. Mailing Address			4. FEI Number		A	pplied For		
21		26				58-1088782			ot Applicable	
Sulte, Apt.		Suite, Apt #, etc.	27			5. Certificate of Status Desired			Additional lequired	
City & State 23	θ ˙	City & State	├ - ¬ ′			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	├─ ┐				8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curren	t Registered Agent		Ι.,		10. Name and Address of New R	egistere	d Agent		
BRO	OKS, GEORGE C.			81	Name					
4631 HAMMOCK RIDGE DR				82	Street Add	Address (P.O. Box Number is Not Acceptable)				
MUL	BERRY FL 33860			83						
				84	City			6E 710	Code	
					•		F	L		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	? and 607.1508, Florida Štate of Florida. Such change was	iles, the a authorize	bove d by	e-named cor the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose	of changing pointment a	its registered s registered	
	m familiar with, and accept the obliga	ilions of, Section 607.0505, F	lorida Sta	tutes	i	·			Ū	
SIGNATURE	Signature, typod or printed name of registered ager	nt and title if applicable (NC	DIL Flegistere	d Age	nt signature requ	ired when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS A	ND DIRECTO	RS IN 12	
TITLE			1.1]	1.1 TITLE				☐ Change	Addition	
NAME	BROOKS, GEORGE C.	1		1.8 NAME 1.8 STREET ADDRESS						
STREET ADDRESS	463 HAMMOCK RIDGE DR									
CITY-ST-ZIP	MULBERRY FL			1.4 CITY-ST-ZIP						
TITLE	·			2.1 TITLE				L Change	Addition	
NAME			2.8 N							
STREET ADDRESS			4		ADDRESS					
CITY-ST-ZIP TITLE		DELETE			51 - ZIP			Change	Addition	
NAME		ר וויניוינ	3.1 TI 3.2 N					unange	☐ Yaqiilan	
STREET ADDRESS					ADDRESS					
					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.1 }1		51 - ZIP			Change	Addition	
NAME			4.2 N							
STREET ADDRESS					AUDRESS					
CITY-ST-ZIP				ITY-S						
TITLE		DELETE	5.1 1		1 44			Change	Addition	
NAME		—	5.2 N					· •		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ITY-S						
TITLE		DELETE	6.1 1	***				Change	Addition	
NAME			6.2 N							
STREET ADDRESS			1		ADDRESS					
AITH AT THE										

14. I do hereby certify that the information supplied with this filing does not qualify for the exemplion 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 eath; that I am an officer or director of the conversion or the receiver or truetge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in langed, or on an attachment with an address.