

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP,
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 AUG 22 AM 11:51

1. Name of Limited Partnership

1a. DOCUMENT #
A92000000247

GEO RECOVERY SERVICES, LTD.



Mailing Address

Principal Office Address

G/O PGO, INC.
300 OXFORD DRIVE
MONROEVILLE PA 15146
US

G/O PGO, INC.
300 OXFORD DRIVE
MONROEVILLE PA 15146
US

3. Date Formed or Registered

12/30/1992

5a. Capital Contributions as
Shown on record.

\$1,250,000.00

3a. Date of Last Report

12/19/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

2300 Highway 60 West
Suite, Apt. #, etc.

2a. Principal Office Address

2300 Highway 60 West
Suite, Apt. #, etc.

City & State

Mulberry Fla.

City & State

Mulberry Fla.

Zip

33860

Country

USA

Zip

33860

Country

USA

6. FEI Number

59-3156258

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

300002275943--2

Suite, Apt. #, etc.

-08/25/97--01068--005

City

***558.25

***558.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

GEO HOLDING COMPANY

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2300 60 HIGHWAY WEST

11b. City, State & Zip Code

MULBERRY FL

11c. Registration/
Document Number

F94000005485

REINSTATEMENT

300002275943--2

-08/25/97--01068--006

***553.00 ***553.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (1/96)