

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002235 (8)

1. Corporation Name

GEORGIA INTERSTATE, INC.



Principal Place of Business

Mailing Address

PO BOX 952798
LAKE MARY FL 32795-2798

PO BOX 952798
LAKE MARY FL 32795-2798

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRUZZINO, WILLIAM
955 SR 434 NORTH
OAK GROVE SHOPPES
ALTAMONTE SPRINGS FL 32714

81 Name William Abruzzino
82 Street Address (P.O. Box Number is Not Acceptable)
995 State Route 434 North, Suite 204
83 Oak Grove Shoppes
84 City Altamonte Springs FL 85 Zip Code 32714

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

William Abruzzino Sr. Pres

6/6/96

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME ABRUZZINO, WILLIAM
STREET ADDRESS 4555 SOUTH ATLANTIC AVE., #4406
CITY - ST - ZIP PONCE INLET FL 32127 ☒ DELETE

TITLE DST
NAME ABRUZZINO, REBECCA
STREET ADDRESS 4555 SOUTH ATLANTIC AVE., #4406
CITY - ST - ZIP PONCE INLET FL 32127 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

1.1 TITLE CP
1.2 NAME William Abruzzino
1.3 STREET ADDRESS 1050 Edmiston Place
1.4 CITY - ST - ZIP Longwood, FL 32779 ☒ Change ☐ Addition

2.1 TITLE DST
2.2 NAME Rebecca Abruzzino
2.3 STREET ADDRESS 1050 Edmiston Place
2.4 CITY - ST - ZIP Longwood, FL 32779 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Abruzzino Sr. Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

DATE

(407) 788-9111

TELEPHONE