FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G26084 (5)

1. Corporation Name
GEOBASE CONTROL, INC.

Principal Place of Business	Mailing Address
1511 S. RIVERVIEW DR. MELBOURNE FL 32901	1511 S. RIVERVIEW DR. MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1983
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 380E N. WICKHAM ROAD
22 Suite, Apt. #, etc.
23 City & State: MELBOURNE, FLORIDA
24 Zip: 32935
25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2272461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ XX $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

9. Name and Address of Current Registered Agent

WOOD, LEONARD P. (PLS)
1511 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 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: Leonard P Wood 1/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	TD CD OWNER	☒ Change ☐ Addition
NAME	BROWN, DUANE C.	1.2 NAME	BROWN, THERESA P.	
STREET ADDRESS	458 OAKLAND AVENUE	1.3 STREET ADDRESS	458 OAKLAND AVENUE	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	INDIALANTIC FL	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, LEONARD P.	2.2 NAME		
STREET ADDRESS	2700 N. A1A HWY. BLDG 4-102	2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, THERESA P.	3.2 NAME		
STREET ADDRESS	458 OAKLAND AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, MARJORIE J.	4.2 NAME		
STREET ADDRESS	2700 N. A1A HWY BLDG 4-102	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Leonard P Wood PRESIDENT JAN. 23, 1995 407)255-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #
LEONARD P. WOOD
1 800 749-5018

0004010 CP