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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

G. P. INVESTMENT SERVICES, INC.

FILED Mar 12 1998 8:00am Secretary of State

- 1 1401011 8002 1400 1841 40101 01110 140 EXECUTATO DELLA COLOR DELLA COLOR

| Principal Place of Business | | Mailing Address | | | | |
|--|---------------------|--|---------------|--|---------------------------------------|--|
| % DEL G. POTTER 308 EAST FIFTH AVE MOUNT DORA FL 32757 | | % DEL G. POTTER 308 EAST FIFTH AVE MOUNT DORA FL 32757 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | | |
| | | | | 05/12/1983 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-2284490 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5 Additional Required | |
| City & State | | City & State | | | · · · · · · · · · · · · · · · · · · · | |
| Zip 24 | Country 25 | Ζφ 29 | Country 30 | This corporation owes or has paid the current yea Personal Property Tax due June 30. | r Intangible | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| POTTER, DEL G. 308 EAST FIFTH AVE | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| M | IOUNT DORA FL 32757 | | 83 | | | |
| | | | | | | |

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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE 1.1 TITLE LITTLE, GLENN, #I NAME 1.2 NAME 1505 NEW HAMPSHIRE AVE STREET ADDRESS 1.3 STREET ADDRESS TAVARES, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LITTLE, PAMELA R. NAME 2.2 NAME 1505 NEW HAMPSHIRE AVE STREE1 ADDRESS 2.3 STREET ADDRESS TAVARES FL CITY-ST-ZIP 2. 4 CITY - \$T - ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$T-2IP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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:

CITY-ST-ZIP