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

APPROVED AND FILED

95 MAY -1 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J60261 (1)

1. Corporation Name

THE GEOFCOTT GROUP, INC.

Principal Place of Business	Mailing Address
~~3061 S TAMIAMI TRL~~ ~~SARASOTA FL 34231~~ 1368 HARBOR DR. SARASOTA, FL 34239	C/O THE GEOFCOTT GROUP 4200 S. SERVICE RD. BURLINGTON ONTARIO CA L7L 4-5 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2776098	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fee
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDGECOMBE, MICHAEL ~~1560 HARBOUR SOUND DRIVE~~ ~~LONGBOAT KEY FL 34228~~ APT 804 ~~ST. JAMES CRT.~~ ~~THE FLATTS, CR01~~ BERMUDA C/O 1368	81 Name: HARBOR DR 82 Street Address (P.O. Box Number is Not Acceptable): SARASOTA FLORIDA 83: 34239 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	EDGECOMBE, MICHAEL G.	12 NAME	
STREET ADDRESS	~~1560 HARBOUR SND DR~~ APT 804	13 STREET ADDRESS	
CITY ST ZIP	~~LONGBOAT KEY FL~~ ~~ST. JAMES CRT.~~ THE FLATTS, CR01 BERMUDA	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

DEPOSITED BY BANK

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: _____ 4/6/95 DATE 813 731-1793 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

MICHAEL EDGECOMBE

0493042 IN