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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K17035

GSSC, INC.

| : : | | | | | | | |
|--|--|---|---|--|---|----------------------------------|--------------------------------------|
| Principal Plac | e of Business | Mailing Address | | | I SOUGHEST BOT LINES (MAILE MOTHO ILLES BATT AL | BII 419II 818II BIBII B | |
| % RICHARD M. KNELLINGER TIMOTHY P. DEAGAN CPA | | | | | | | |
| 2815 NW 13 ST. STE 305 2531 NW 41 ST. STREET A-3 | | | | | DO NOT WRITE IN T | LUC CDACE | |
| GAINESVILLE FL 32609 GAINESVILLE FL 32606 US | | | | | DO NOT WRITE IN T | HIS SPACE | |
| | | 03 | | | Date Incorporated or Qualifed 02/29/1988 | | İ |
| 2 Deinainal D | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Llas | plied For |
| | Tace of business | ⊢ • | | | 59-2895452 | ⊢ | t Applicable |
| 21 Suite, Apt. | # etc | Suite, Apt. #, etc. | | | 39 2093432 | \$8.75 | _:: |
| 22 | #, GC. | 27 | | | 5. Certificate of Status Desired | Fee Re | |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | Trust Fund Contribution | Added 1 | | |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | 29 30 | o | | Personal Property Tax. | Yes | □No |
| 1 | 9. Name and Address of Current | | | | 10. Name and Address of New Register | ed Agent | |
| ē | | | 81 | Name | • | | |
| | LLINGER, RICHARD M. | | 82 | Stroot A | ddress (P.O. Box Number is Not Acceptable) | | |
| | 5 NW 13-ST | | 02 | Sheet A | udiess (F.O. Box Number is Not Acceptable) | | |
| | E 305 | | 83 | 3 | | - | |
| GAIN | NESVILLE FL 32609 | | <u> </u> | | | [aa] 75:- 2 | 2-1- |
| | | | 84 City | | F | 85 Zip (| Jode |
| .11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | , the abov | /e-named c | ornoration submits this statement for the nurpose | of changing its | registered |
| | registered agent, or both, in the State o | f Florida. Such change was auth | norized hy | the corner | ration's board of directors. I hereby accept the ap | pointment as re- | aistered I |
| Office of I | m familiar with and accent the obligation | ons of Section 607 0505. Florid: | a Statute | y ine corpor | | | giotoroa |
| agent. I a | m familiar with, and accept the obligation | ons of, Section 607 0505, Florida | a Statute | s. | | | gistored |
| agent. I a | m familiar with, and accept the obligation Signature, typed or printed name of registered agent | ons of, Section 607.0505, Florid | a Statute: | S. | quired when reinstating} DATE | | |
| agent. I a | ım familiar with, and accept the obligati | ons of, Section 607.0505, Florida and title if applicable (NOTE: Re | a Statute: | S. | | | |
| agent. I a | m familiar with, and accept the obligation | ons of, Section 607.0505, Florida and title if applicable (NOTE: Re | a Statute | S. | quired when reinstating) DATE | | |
| agent. I a SIGNATURE 12. | m familiar with, and accept the obligation of segmentary the segmentary of segmentary that the segment of segmentary that the segment of segmentary that the segmentary segmentary that the segmentary segmentary that the segmentary segmentary that the segmentary seg | ons of, Section 607.0505, Florid: and title if applicable (NOTE: Re D DIRECTORS | egistered Age | S. ent signature req | quired when reinstating) DATE | AND DIRECTO | ORS IN 12 |
| agent. I a SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS AND DPS COLGATE, SAMUEL ORAN | ons of, Section 607.0505, Florid: and title if applicable (NOTE: Re D DIRECTORS | a Statute: egistered Age 13. 1.1 TITLE 1.2 NAME | S. ent signature req | quired when reinstating) DATE | AND DIRECTO | ORS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND DPS COLGATE, SAMUEL ORAN | ons of, Section 607.0505, Florid: and title if applicable (NOTE: Re D DIRECTORS | a Statute: egistered Age 13. 1.1 TITLE 1.2 NAME | s. ant signature request ADDRESS | quired when reinstating) DATE | AND DIRECTO | ORS IN 12 |
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90018 033 ***150.00