PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K42788

1. Corporation Name

GORDON SERVICES, INC.

Principal Place of Business 313 LARK AVE SEBRING FL 33872 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/02/1988 2. Principal Place of Business 2a. Mailing Address 2b. Principal Place of Business 2c. Mailing Address 2d. Mailing Address 2ft			. •								
SEBRING FL 33872 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1988 4. FEI Number 65-0089867 Not Applicable 65-0089867 Not Applicable 65-0089867 Not Applicable 83.75 Additional Fee Required 122 City & State City & State City & State City & State Country Zip Country Zip Country 3. This corporation ows the current year Intangible Personal Property Tax. Added to Fees No 9. Name and Address of Current Registered Agent GORDON, JOHN 777 S FEDERAL HWY #205 POMPANO BEACH FL 33062 82 Street Address (P.O. Box Number is Not Acceptable) 71. 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 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, 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and 936 of applicative. (NOTE: Registered Agent segenture required when reministating) DATE 12. OF FICERS AND DIRECTORS 13. STREET ADDRESS SIGNATURE OV. OTHER IN THIS SPACE 3. Do Not Write Agent a Statute and	Principal Place	of Business	Mailing Address	}				I (Beigin du Aisie (iai) lese, ieie			
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CITY-ST-ZIP 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 3 if changed, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

☐ DELETE

☐ Change

Change

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90119 035 ***150.00

☐ Addition

Addition