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 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K71733 (5)

1. Corporation Name

GLS DIRECT-SOUTH, INC.

Principal Place of Business	Mailing Address
ONE DELAND PLAZA ~~100 E. NEW YORK AVE.~~ ~~DELAND FL 32724~~ 828-13 SAXON Blvd. ORANGE CITY FL 32763	ONE DELAND PLAZA ~~100 E. NEW YORK AVE.~~ ~~DELAND FL 32724~~ 828-13 SAXON Blvd. ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1989
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business
21: 828-13 SAXON Blvd
22 Suite, Apt. #, etc:
23 City & State: ORANGE CITY, FL
24 Zip: 32763 25 Country: U.S.A.

2a. Mailing Address
26: 828-13 SAXON Blvd.
27 Suite, Apt. #, etc.:
28 City & State: ORANGE CITY, FL
29 Zip: 32763 30 Country: U.S.A.

4. FEI Number: 59-2935680 ☐ 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 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

DANIELS, DOUGLAS A.
406 N WILD OLIVE AVE
DAYTONA BEACH FL 32118

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 _____ 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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BECKMAN, JAMES G.	1.2 NAME	
STREET ADDRESS	~~1 DELAND PLAZA~~	1.3 STREET ADDRESS	828-13 SAXON Blvd.
CITY ST ZIP	~~DELAND FL~~	1.4 CITY ST ZIP	ORANGE CITY, FL 32763
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	HERMAN, PHILIP A	2.2 NAME	
STREET ADDRESS	~~1 DELAND PLAZA~~	2.3 STREET ADDRESS	828-13 SAXON Blvd
CITY ST ZIP	~~DELAND FL~~	2.4 CITY ST ZIP	ORANGE CITY, FL 32763
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	BECKMANN, JOAN	3.2 NAME	
STREET ADDRESS	~~1 DELAND PLAZA~~	3.3 STREET ADDRESS	828-13 SAXON Blvd
CITY ST ZIP	~~DELAND FL~~	3.4 CITY ST ZIP	ORANGE CITY, FL 32763
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		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 above, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (904) 672-6806
Date Daytime Phone #

0049267 CP