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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

K80407

1. Corporation Name GLOBAL DIGITAL SOLUTIONS, INC.L

Principal Place of Business Mailing Address 3601 N. DIXIE HWY, #5 BOCA RATON, FL 33431 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible - Zip **□**No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HOMER F. WILLIS, IV Street Address (P.O. Box Number is Not Acceptable) 1019 RUSSELL 83 84 HIGHLAND BEACH 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. HITTEN F. WILLISTU PAESIDENT 4/20/99 **SIGNATURE** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change 1.1 TITLE PRESIDENT TITLE 1.2 NAME HOMEN F. WILLIST NAME STREET ADDRESS 1.3 STREET ADDRESS 1019 KUSSELL ON # Z CITY-ST-ZIP 1.4 CITY-ST-ZIP HIAHLAND BCH, FL 33431 ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS. 6.4 CITY-ST-ZIP 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 13 if changed, or on an attachment with an address, with all other like empowered.

HOMEN WILLIS PASSIDENT 4

May 13, 1999 8:00 am

Secretary of State

05-13-1999 90039 040 ***150.00

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