SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2) **DOCUMENT #** GD MANUFACTURERS, INC. Mailing Address Principal Place of Business 11250 ASTRONAUT BLVD 11250 ASTRONAUT BLVD ORLANDO FL 32837-9204 ORLANDO FL 32837-9204 3a. Date of Last Report 3. Date incorporated or Qualified 04/24/1989 04/25/1995 Applied For 4. FEI Number Mailing Address 2a. 2. Principal Place of Business Not Applicable 59-2961006 26 21 \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032. Country Zip Country Zio Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CRIDER, W.F. Street Address (P.O. Box Number is Not Acceptable) 82 149 W MICHIGAN STR ORLANDO FL 32586 83 Zip Code 85 City 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstitling) SIGNATURE Signature, typeid or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 bit F TITLE CR2E034 1.2 NAME CRIDER, W. FRANK NAME 1.3 STREET ADDRESS 149 W. MICHIGAN ST. STREET ADDRESS 14 CITY - ST - 7IP ORLANDO FL CITY-ST-ZIP Addition Change DELETE 2 1 TITLE TITLE 22 NAME CREASMAN, JOHN JOSEPH 2 3 STREET ADDRESS 149 W MICHIGAN ST STREET ADDRESS ORLANDO FL 2 4 CITY - ST-ZIP CITY-ST-ZIP Chang∈ Addition DELETÉ 31 TITLE ST TITLE 3 2 NAME CAMP, ROSANNE M NAME 3 3 STREET ADDRESS 149 W MICHIGAN ST STREET ADDRESS 3.4 CITY - ST - ZIP ORLANDO FL Change Addition CITY - ST - ZIP DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZIP CITY - ST - ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TIFLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 64 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)(k). 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 617. Florida Statutes, and that my name appears in Block 12 or Black 13 if changed, or pin an attachment with an address. 6/26/9/ 407-849 99/8

SIGNATURE: