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 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L62605 (5)

1. Corporation Name
FREDERICK S. CARLSON, P.A.

Principal Place of Business:
2440 S.E. FEDERAL HWY.
SUITE P
STURART FL 34994
US

Mailing Address:
3222 AVIATION DR.
C/O FREDERICK S. CARLSON
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0184670	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	

2. Principal Place of Business	2a. Mailing Address
21 2500 S.E. MIDPORT RD.	26
Suite, Apt. #, etc. 22 SUITE 266	Suite, Apt. #, etc. 27
City & State 23 PORT ST. LUCIE FL	City & State 28
Zip 24 34952 / Country 25 U.S.	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARLSON, FREDERICK S.
3222 AVIATION DR
VERO BEACH FL 32960

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

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CARLSON, FREDERICK, S
STREET ADDRESS	534 SW SEA HOLLY TERR
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	D
NAME	CARLSON, FREDERICK, S
STREET ADDRESS	534 SW SEA HOLLY TERR
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/26/95 (407) 398-4202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FREDERICK S. CARLSON, M.A. (DIRECTOR)

0071489 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L63296** **(2)**

1. Corporate Name

NATIONAL DISCOUNT OFFICE SUPPLIES OF FLORIDA, IN C.

Principal Place of Business	Mailing Address
2620 17TH STREET P. O. BOX 5 SARASOTA FL 34234 US	27 P. O. BOX 5 SARASOTA FL 34230-0005 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/09/1990	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. #, etc. 22	Suite Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 County: 25	Zip: 29 County: 30

4. FEI Number	Applied For
65-0090042	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	10. Name and Address of New Registered Agent
PERCY, GEORGE H. 329 SOMERSET AVENUE SARASOTA FL 43243	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 607.1509, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	PERCY, GEORGE H.	NAME	
STREET ADDRESS	329 SOMERSET AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	PERCY, MARILYN E.	NAME	
STREET ADDRESS	329 SOMERSET AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	LYONS, DEBORAH M.	NAME	
STREET ADDRESS	2033 MAIN ST. #600	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I declare, to the best of my knowledge and belief, 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 if changed or added from the previous annual report.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/26/95 — SEC. VICE-PRESIDENT

0340175 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
[illegible]

[illegible]:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L64273** **(0)**

1. Current Name
GMT HI-TECH, INC.

Principal Place of Business	Mailing Address
C/O GUY STEWARTSON 380 UNIT A ORANGE LANE CASSELBERRY FL 32707	C/O GUY STEWARTSON 380 UNIT A ORANGE LANE CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **04/06/1990**
3a. Date of Last Report: **07/14/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3042307** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / County (25) / Zip (29) / County (30)
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWARTSON, GUY 380 UNIT A ORANGE LANE CASSELBERRY FL 32707	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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] (Required) (Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	STEWARTSON, GUY	12 NAME	
STREET ADDRESS	380 UNIT A ORANGE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	STEWARTSON, GUY	22 NAME	
STREET ADDRESS	380 ORANGE LANE, UNIT A	23 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report, including any required amendment, is true, accurate and complete as of the date of this report. I/We further certify that the information indicated on this report or supplemental annual report is true and accurate and that the signature(s) below is/are the person(s) authorized to sign this report, pursuant to Chapter 607, Florida Statutes. I/We further certify that the corporation named herein has filed, or is exempt from filing, Florida final income tax returns with the Florida Department of Revenue or is applying for an extension of time for filing such returns, or is not required to file such returns, and understand that the dissolution or withdrawal of this corporation may be initiated administratively by the Department of State if such returns are due and not filed within one year after the due date or extended due date of such returns.

SIGNATURE: Guy Stewartson Guy STEWARTSON 4-27-95 407-695-4202
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0413451 FP