

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995



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

1995 APR 25 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
\$ 238.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L93000000027

GOVERNMENT SALES ASSOCIATES, L.C.
4972 ORANGE AVE
WINTER PARK FL 32792

1a. Principal Place of Business Address

4972 ORANGE AVE
WINTER PARK FL 32792

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address

2a. Principal Place of Business

3. Date Organized or Qualified

01/13/1993

3a. State of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3161406

☐ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

5. Date of Last Report

04/06/1994

6. Certificate of Status Desired

☐ 25 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

LFSA, EUGENE M
4972 ORANGE AVE
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

M LISA, EUGENE M

7601 VILLAGE GREEN DR

WINTER PARK FL

M CHAMBLISS, JOHN D

2986 HARBOUR LANDING WAY

CASSELBERRY FL

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***238.75 ***238.75

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11 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

John D. Chambliss John D. Chambliss 4-12-95 (407) 679-1757

(Signature and typed or printed name of person authorized to execute this report)

Date

Signature Printed Name