

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 26 AM 10:47**

**DOCUMENT # M84607**

**(4)**

1. Corporation Name

**GAP SOFTWARE SYSTEMS INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1406 SW 15TH AVE.  
OCALA FL 34474  
US**

Mailing Address

**% GREGORY ALLEN PETRY  
1081 S.W. 32ND LANE  
OCALA FL 32674**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/06/1988**

3a. Date of Last Report

**09/22/1994**

4. FEI Number

**59-2894609**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**21 1419 S.W. 12th Ave**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**23 Ocala FL**

City & State

**28**

Zip

**24 34474**

Country

**25 USA**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETRY, GREGORY ALLEN  
1081 S.W. 32ND LANE  
OCALA FL 32674**

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 607.1808, 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

*Gregory A. Petry* **GREGORY A. PETRY, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | <b>PD</b>                   |
| NAME            | <b>PETRY, GREGORY ALLEN</b> |
| STREET ADDRESS  | <b>1081 S.W. 32ND LANE</b>  |
| CITY - ST - ZIP | <b>OCALA FL</b>             |
| 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 |                             |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*Gregory A. Petry* **GREGORY A. PETRY, PRESIDENT**

**3-24-95**

**904-732-4332**