

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M92009 (3)

1. Corporation Name

GAINESVILLE SATELLITE AND SECURITY INC.



Principal Place of Business

Mailing Address

14025 NEWBERRY ROAD
NEWBERRY FL 32669
US

14025 NEWBERRY ROAD
NEWBERRY FL 32669
US

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 3558 N.W. 97 BLVD

26 3558 NW 97 BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 GAINESVILLE, FLORIDA

28 GAINESVILLE, FLORIDA

Zip

Country

Zip

Country

24 32600

25 ALACHUA

29 32600

30 ALACHUA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEAGIN, MICHAEL D.
414 N.W. 111TH WAY
GAINESVILLE FL 32607

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

Michael D. Feagin

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
FEAGIN, MICHAEL D.
PO BOX 12964 N/A
GAINESVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael D. Feagin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Feagin

Date

Daytime Phone #

1-29-96

331-2100

CR2E034 (12/95)