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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:56

DOCUMENT # **P35910** **(9)**

1. Corporation Name

GLB CONSULTING, INC.

Principal Place of Business	Mailing Address
C/O DR. JAY BRODWYN 7366 WINDING RIDGE ROAD COLUMBUS GA 31904	C/O DR. JAY BRODWYN 7366 WINDING RIDGE ROAD COLUMBUS GA 31904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/14/1991**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **58-1958466** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	GOLDSMITH, JERRY, DR.	12 NAME	GREGROY S. GOLDSMITH	
STREET ADDRESS	1920 WARM SPRINGS ROAD	13 STREET ADDRESS	3695 BARIBIGON CIRCLE	
CITY-ST-ZIP	COLUMBUS GA	14 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	LEWIS, CHARLES E.	22 NAME		
STREET ADDRESS	3918 ROSEMONT BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	BRODWYN, JAY, DR.	32 NAME		
STREET ADDRESS	7366 WINDING RIDGE ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400363 FP

TAX RETURN FILING INSTRUCTIONS

1995 ANNUAL REPORT

PREPARED FOR	GLB CONSULTING, INC.
PREPARED BY	KING, SELF & GRIFFIN, LLC 2724 WARM SPRINGS ROAD P.O. BOX 550 COLUMBUS, GA 31902-0550
TO BE SIGNED AND DATED BY	AN OFFICER ON PAGE ONE
AMOUNT OF TAX	TOTAL TAX $ 200.00 LESS: PAYMENTS AND CREDITS $ **BALANCE DUE** $ 200.00
OVERPAYMENT	$_____ REFUNDED $_____ CREDITED TO ESTIMATED TAX
DRAW CHECK TO	DEPARTMENT OF STATE
MAIL TAX RETURN TO	DIVISION OF CORPORATIONS ANNUAL REPORTS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500
RETURN MUST BE MAILED BEFORE	MAY 1, 1995
SPECIAL INSTRUCTIONS	