

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013480 (7)

1. Corporation Name

GMS PROFESSIONAL GROUP, INC.

Principal Place of Business

245 18TH AVE.
VERO BEACH FL 32962

Mailing Address

245 18TH AVE.
VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0386137

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

21 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

P.O. Box 1197

VERO BEACH, FL.

32961

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GETCHELL, GARY S
49 ROYAL PALM BLVD.
VERO BEACH FL 32960

81 Name

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

245 18th AVE.

83

84 City VERO BEACH

FL

85 Zip Code 32962

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GETCHELL, GARY, S
245 18TH AVE
VERO BEACH FL 32962

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPST
MCCLEARY, MILDRED
1111 ADMIRAL'S WALK
VERO BEACH FL 32963

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
SHIELDS, SANDRA
725 21ST ST., S.W.
VERO BEACH FL 32962

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Mildred McCleary
MILDRED MC CLEARY

4/24/95 (407) 770-5163