FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021284 (3)

GLOBAL INVESTIGATIONS & INFORMATION NETWORK, INC

Principal Place of Business Mailing Address 15912 BRIDGEWATER LN P.O. BOX 270208 TAMPA FL 33624 TAMPA FL 33688 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3168870 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Properly Tax due June 30. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAKER, EARL L 15912 BRIDGEWATER LN Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33624** 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typicd or printed name of registered agent and title if applicable (NOTE Registered Agent a gnature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 1011.8 NAME HALLIBURTON, THOMAS C 1.2 NAME 15912 BRIDGEWATER LN 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP DELFTE Change Addition TITLE 21 10116 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - \$T - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME SURFEL ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE Addition TILE Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-S1-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME \$1REET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 Statutos; and that my name appears in Block 13 if changed or on an attachment with an address.

CNATURE Thomas C Holl Squater

10.190

(013) 962-7772

FILED

Apr 13 1998 8:00am

Secretary of State