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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000000197 (1)

1. Corporation Name
GMG OF ORLANDO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4910 SOUTH HIGHWAY 17-92<br>CASSELBERRY FL 32707 | POST OFFICE BOX 4134<br>OCALA FL 34478<br>US |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 P.O. Box 770906 | 12/30/1993 | 08/15/1994 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3230588 | Applied For / Not Applicable |
| City & State 23 | City & State 28 Ocala Florida | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip 24 / Country 25 | Zip 29 34477 / Country 30 Marion | 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 | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MALONE, WILLIAM C., IV, ESQ.<br>827 MENENDEZ COURT<br>ORLANDO FL 32801 | 81 Name Karen E Matthews<br>82 Street Address (P.O. Box Number is Not Acceptable) 501 SW 96 Lane<br>83<br>84 City Ocala FL 85 Zip Code 34476 |

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: Karen E Matthews — DATE: 4.30.95
(Signature of person whose name is registered agent and title, if applicable) (DATE: Registered Agent signature required when mandated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MATTHEWS, PHILIP M | 12 NAME | |
| STREET ADDRESS | 501 S.W. 96 LANE | 13 STREET ADDRESS | |
| CITY ST ZIP | OCALA FL 33476 | 14 CITY ST ZIP | |
| TITLE | DV | 21 TITLE | ☐ Change ☐ Addition |
| NAME | GENSMER, WAYNE | 22 NAME | |
| STREET ADDRESS | 4910 SOUTH HWY. 17-92 | 23 STREET ADDRESS | |
| CITY ST ZIP | CASSELBERRY FL 32707 | 24 CITY ST ZIP | |
| TITLE | DS | 31 TITLE | ☐ Change ☐ Addition |
| NAME | GROSS, JOHN B | 32 NAME | |
| STREET ADDRESS | 170 W. FAIRBANKS AVE. | 33 STREET ADDRESS | |
| CITY ST ZIP | WINTER PARK FL 32789 | 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: Phil M Matthews — 4 30 95 — 407.260 8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Philip M. Matthews

0353823 CP