

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000031546 (2)

1. Corporation Name

G2 INVESTIGATIVE SERVICES INC.

Principal Place of Business

Mailing Address

1726 PRIVATEER DR  
TITUSVILLE FL 32796

1726 PRIVATEER DR  
TITUSVILLE FL 32796



2. Principal Place of Business

2a. Mailing Address

21 1980 N. ATLANTIC AVE.

26 1980 N. ATLANTIC AVE.

Suite, Apt., etc.

Suite, Apt., etc.

22 607

27 SUITE #607

City & State

City & State

23 COCOA BEACH, FL.

28 COCOA BEACH, FL.

Zip

Zip

24 32931

29 32931

Country

Country

25 U.S.

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSKINS, RONALD D  
1726 PRIVATEER DR  
TITUSVILLE FL 32796

81 Name RONALD D. OSKINS

82 Street Address (P.O. Box Number is Not Acceptable)  
1980 N. ATLANTIC AVE. SUITE #607

83

84 City COCOA BEACH, FL 85 Zip Code 32931

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 *Ronald D. Oskins* RONALD D. OSKINS

7/29/96

Signature, type or printed name of registered agent and that of appointor.

(NOTE: Registered Agent signature required when terminating.)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME OSKINS, VICKI L  
STREET ADDRESS 1726 PRIVATEER DR  
CITY - ST - ZIP TITUSVILLE FL

TITLE T  
NAME OSKINS, VICKI L  
STREET ADDRESS 1726 PRIVATEER DR  
CITY - ST - ZIP TITUSVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE S  
1.2 NAME HEATHER L. OSKINS  
1.3 STREET ADDRESS 1980 N. ATLANTIC AVE. SUITE 607  
1.4 CITY - ST - ZIP COCOA BEACH, FL. 32931

2.1 TITLE T  
2.2 NAME RONALD D. OSKINS  
2.3 STREET ADDRESS 1980 N. ATLANTIC AVE. SUITE #607  
2.4 CITY - ST - ZIP

3.1 TITLE V  
3.2 NAME HEATHER L. OSKINS  
3.3 STREET ADDRESS 1980 N. ATLANTIC AVE. SUITE #607  
3.4 CITY - ST - ZIP COCOA BEACH, FL 32931

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

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

SIGNATURE: *Ronald D. Oskins* RONALD D. OSKINS

7/29/96

407-283-2849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)