

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000091026 (2)

1. Corporation Name

GMR INVESTIGATIVE SERVICES, INC.



Principal Place of Business

8003 LAGO VISTA DRIVE
TAMPA FL 33614-2740

Mailing Address

P.O. BOX 15734
TAMPA FL 33684-5734

3. Date Incorporated or Qualified
01/02/1995

3a. Date of Last Report
01/02/95

2. Principal Place of Business

21 304 S. Westland Ave

2a. Mailing Address

26 304 S. Westland Ave.

4. FEI Number
59-3283097

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33606

25 USA

29 33606

30 USA

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

RODRIGUEZ, GILBERT M

8003 LAGO VISTA DRIVE

- TAMPA FL 33614-2740 -

304 S. Westland Ave.

Tampa, FL 33606

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Gilbert M. Rodriguez
Signature, typed or printed name of registered agent and fee, if applicable.

GILBERT M. RODRIGUEZ, D/P
(NOTE: Registered Agent signature required when reinstating)

03/28/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME RODRIGUEZ, GILBERT M
STREET ADDRESS 8003 LAGO VISTA DRIVE
CITY - ST - ZIP TAMPA FL 33614-2740

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Gilbert M. Rodriguez
1.3 STREET ADDRESS 304 S. Westland Ave.
1.4 CITY - ST - ZIP Tampa, FL 33606

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Sylvia J. Muga
2.3 STREET ADDRESS 304 S. Westland Ave.
2.4 CITY - ST - ZIP Tampa, FL 33606

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE

Gilbert M. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/96 (813) 254-3689
Daytime Phone

CR2E034 (12/95)