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

**PROFIT CORPORATION ANNUAL REPORT** 1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**  **FILED** 

May 13 1997 8:00am

Secretary of State

DOCUMENT # P94000091026 (2)

GMR INVESTIGATIVE SERVICES, INC.

Principal Place of Business Mailing Address 804 6 WESTLAND AVE 304 S WESTLAND AVE TAMPA FL 33606-1746 TAMPA FL 33806 3a. Date of Last Report 3. Date Incorporated or Qualified 01/02/1995 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. EEt Number Applied For 59-3283097 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Florida Statutes XYes \(\sigma\) No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIGUEZ, GILBERT M **8003 LAGO VISTA DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33814-2740 83 84 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 11118 RODRIGUEZ, GILBERT M NAME 1.2 NAME **8003 LAGO VISTA DRIVE** STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33614-2740 CITY-ST-ZIP 1.4 CiTY - ST - ZiP DOLLETE ☐ Change Addition TITLE 2.1 1111.0 GILBERT M. RODRIGUEZ NAME 2.2 NAME 304 S WESTLAND AVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CHTY-ST-ZIP 2.4 City - ST - 7/P DELETE Change TITL F 3.1 TITLE Addition SYLVIA J. MUGA NAME 3.2 NAME 304 S. WESTLAND AVE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4 CITY - \$1 - ZIF DEFETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. P NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 MILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE Addition G.1 TITLE NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHY-S1-ZIP 14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 one receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1