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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039247 (8)

GSB RETAIL OF KISSIMMEE, INC.

Principal Place of Business Mailing Address 2433 8 HIAWASSEE RD 1104 NO BERMUNDA AVE KISSIMMEE FL 34741 ORLANDO FL 32835-6346 3a. Date of Last Report 3. Date Incorporated or Qualified 05/16/1995 05/01/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3322110 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country $Z_{\rm B}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, GREGORY H 2433 S HIAWASSEE RD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 63 84 City Zip Code 85 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 DATE Styr alive, typied or pertied risme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition BROWN, GREGORY NALE 1.2 NAME 2433 S HIAWASSEE RD STREET ADORESS 1.3 STREET ADDRESS ORLANDO FL 32835 1.4 CIYY-\$T-ZIP CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BROWN, SUZANNE J 2.2 NAME 2433 S HIAWASSEE RD 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TOLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZP DELETE Change Addition THLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET LASJOHESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE THE 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Addition 6 1 TITLE 10): F 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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:

SUNDATURE AND VPED OR PRINTED AND OF SIGNATURE OF SIGNATU

FILED
May 13 1997 8:00am
Secretary of State