

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000044336 (2)

1. Corporation Name

GEDCO USA, INC.



Principal Place of Business

Mailing Address

~~6355 METRO W BLVD~~
~~SUITE 445~~
~~ORLANDO FL 32835~~

~~6355 METRO W BLVD~~
~~SUITE 445~~
~~ORLANDO FL 32835~~

2. Principal Place of Business

21 8445 International Drive

2a. Mailing Address

26 200 S. Orange Ave.

3. Date Incorporated or Qualified

06/08/1995

3a. Date of Last Report

4. FEI Number

59-3319371

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

22 138

23 Orlando FL

24 32819

Country

USA

Zip

32801-3432

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

A.G.C. Co.

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Ave.

83

Suite 2300

84 City

Orlando

FL

85 Zip Code

32801-3432

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

By: *G. Thomas Ball*
G. Thomas Ball, Vice President

DATE

4-24-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME O'RIORDAN, GERARD
STREET ADDRESS 6355 METRO W BLVD SUITE 445
CITY-ST-ZIP ORLANDO FL 32835

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tyler Piercy Tyler Piercy Treasurer 3/4/96 407-351-9963

CR2E034 (12/95)