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

PROFIT FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUL -2 AM ID: 33 DOCUMENT #
1. Corporation Name P95000096712 (1) SECRETALY OF STATE TALLAHASSEE, FLORIDA GETCO SYSTEMS, INC. Principal Place of Business Mailing Address 1780 W BEAVER ST 1780 W BEAVER ST JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3363412 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 500002582755-- 6 Number is Not Acceptable 0 01042 - 014 \*\*\*\*\*300.00 \*\*\*\*150.00 81 Name GLIDDEN, RALPH C 1780 W BEAVER ST 82 Street Address (P.O. Box Number is JACKSONVILLE FL 32209 83 84 City 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE GLIDDEN, RALPH C NAME 1.2 NAME 922 ACAPULCO RD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Channe TITLE 2.1 TITLE GLIDDEN, STEPHEN R 2.2 NAME NAME 1780 W BEAVER ST STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE WILSON, CURTIS B NAME 3.2 NAME 1780 W BEAVER ST STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 51 TITLE \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 cellify that the information indicated on this annual report or suppliemental 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.

Stephen alidden