## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

GS LIMITED, INC.

P96000042520 (2)

FILED Sep 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 1001 E BAKER ST SUITE 201-A 1001 E BAKER ST SUITE 201-A PLANT CITY FL \$3566 PLANT CITY FL 33566 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1996 2. Principal Place of Business 2a. Mailino Address 4. FEI Number Applied For 5014 Gulfport Blvo. S. X Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Dosired 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 33707 23 П Added to Fees 28 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes No. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPIVEY, GARY 1001 E BAKER ST SUITE 201-A 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 83 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 agoot and title 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 4.1 TITLE CROCKER, DONNA J 1.2 NAM9 NAME 1001 E BAKER ST SUITE 201-A STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 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 44 City-St-ZiP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change noifit bA TITLE 6.1 ₹(TLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-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.

0/14/97