

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000018399**

1. Corporation Name

GLOBAL FINANCIAL PLANNING SERVICES, INC.

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90019 011 ***550.00



Principal Place of Business

**101 CHARDIN DRIVE
NOKOMIS FL 34275**

Mailing Address

**101 CHARDIN DRIVE
NOKOMIS FL 34275**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

65-0557046

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1800 Second Street

2a. Mailing Address

26 Suite 882

Suite, Apt. #, etc.

22 Suite 882

Suite, Apt. #, etc.

27 City & State

23 Sarasota FL

28 City & State

24 Zip 34236

25 Country USA

29 Zip 34236

30 Country USA

9. Name and Address of Current Registered Agent

**WALTERS, JOEL W
1515 RINGLING BLVD, SUITE 900
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

**NAME WALLACE, DONALD
STREET ADDRESS 101 CHARDIN DRIVE
CITY-ST-ZIP NOKOMIS FL 34275**

TITLE **D** ☐ DELETE

**NAME WALLACE, KIM
STREET ADDRESS 101 CHARDIN DRIVE
CITY-ST-ZIP NOKOMIS FL 34275**

TITLE **S** ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

**1.2 NAME Donald E Wallace
1.3 STREET ADDRESS 1800 Second St., Suite 882
1.4 CITY-ST-ZIP Sarasota, FL 34236**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS 1800 Second Street Suite 882
2.4 CITY-ST-ZIP Sarasota, FL 34236**

3.1 TITLE ☐ Change ☒ Addition

**3.2 NAME David W House
3.3 STREET ADDRESS 1800 Second St Suite 882
3.4 CITY-ST-ZIP Sarasota, FL 34236**

4.1 TITLE ☐ Change ☒ Addition

**4.2 NAME David W House
4.3 STREET ADDRESS 1800 Second St Suite 882
4.4 CITY-ST-ZIP Sarasota, FL 34236**

5.1 TITLE ☐ Change ☒ Addition

**5.2 NAME Donald E Wallace
5.3 STREET ADDRESS 1800 Second St Suite 882
5.4 CITY-ST-ZIP Sarasota, FL 34236**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. I 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:

SIGNATURE **Donald E Wallace** **7/12/99** **(941) 957-7526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0104130