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

PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90098 019 ***150.00

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DOCUMENT # P98000025640

1. Corporation Name
GDT INVESTMENTS, INC.

Principal Place of Business
502 W. CHERRY ST.
PLANT CITY FL 33566

Mailing Address
502 W. CHERRY ST.
PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/17/1998

2. Principal Place of Business
21 3815 BENT TREE LOOP, WEST

2a. Mailing Address
26 POST OFFICE BOX 6276

4. FEI Number
59-3506638
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23 LAKELAND, FLORIDA

City & State
28 LAKELAND, FLORIDA

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24 33813-1308

Country
25 USA

Zip
29 33807-6276

Country
30 USA

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUBBARD, DANIEL
502 W. CHERRY ST.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
GORDON R. CUTHBERTSON

82 Street Address (P.O. Box Number is Not Acceptable)
3815 BENT TREE LOOP, WEST

83

84 City
LAKELAND, FL

85 Zip Code
33813-1308

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 GORDON R. CUTHBERTSON PRESIDENT APRIL 30, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GORDON R. CUTHBERTSON	1.2 NAME	
STREET ADDRESS	3815 BENT TREE LOOP, WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FLORIDA 33813-1308	1.4 CITY-ST-ZIP	
TITLE	VP/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	G. DANIEL HUBBARD	2.2 NAME	
STREET ADDRESS	502 WEST CHERRY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FLORIDA 33566-2314	2.4 CITY-ST-ZIP	
TITLE	T/D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TERRY L. BYERS	3.2 NAME	
STREET ADDRESS	2009 DEERFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FLORIDA 33813-1318	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED APRIL 30, 1999 941-701-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GORDON R. CUTHBERTSON PRESIDENT

CR2E034 (11/98)