

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 # **P98000039223**  
1. Corporation Name

**GLOBAL ADVISORY SERVICES, INC.**

99 AUG -4 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**3100-BARNETT CENTER  
50 N. LAURA STREET  
JACKSONVILLE FL 32202**

**POST OFFICE BOX 4548  
JACKSONVILLE FL 32201-4548**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	8144 Sabal Oak Lane	26	8144 Sabal Oak Lane
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	--	27	--
City & State		City & State	
23	Jacksonville, Florida	28	Jacksonville, Florida
Zip	Country	Zip	Country
24	32256 Duval	29	32256 Duval
30	Duval		

3. Date Incorporated or Qualified

**04/28/1998**

4. FEI Number

**59-3515815**

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

9. Name and Address of Current Registered Agent

**PROM, STEPHEN G  
3100-BARNETT CENTER  
50 N. LAURA STREET  
JACKSONVILLE FL 32202**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLASER, DONALD E</b>	
STREET ADDRESS	<b>8144 SABAL OAK LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCUTCHEON, JEFFREY C</b>	
STREET ADDRESS	<b>13040 WEKFORH HOLLOW ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, on an attachment with an address.

SIGNATURE:

*Donald E. Blaser*

**Donald E. Blaser, President**

**7/29/99 645-6634**

(904)

CR2E034 (5/99)

2

Global Advisory Services, Inc.  
8144 Sabal Oak Lane  
Jacksonville, FL 32256  
July 29, 1999

Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is the annual report filing for Global Advisory Services, Inc. I apologize for the report being late and respectfully request your consideration of my request to waive the \$400 late filing fee.

Since my corporation was just formed last year, this is the first year I was required to file this report. My attorney recommended using his office address for the official business address on all state filings; as a result the first report was mailed to my attorney's office. His office failed to notify me of the report requirements and the deadline when he received the First Request. I was not aware that a deadline had been missed until I received the "Second Request" in the mail from his office just yesterday. As you can see by my report, I have made the appropriate entries to have all information mailed to my business address to avoid any such problems in the future.

Thank you for your consideration of my request.

Respectfully,



Donald E. Blaser  
President