

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S49583** (5)

1. Corporation Name

**G.D.R. SYSTEMS, INC.**



Principal Place of Business

**P.O. BOX 2125  
HIGH SPRINGS FL 32643**

Mailing Address

**P.O. BOX 2125  
HIGH SPRINGS FL 32643**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24**

2a. Mailing Address

**26** **P.O. BOX 1466**  
Suite, Apt. #, etc.

**27**

**28** **LABELLE, FL**  
City & State

**29** **33425** **30** **1160014**  
Zip Country

3. Date Incorporated or Qualified

**05/02/1991**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3126193**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RENFRO, GLEN D.  
36 MOCKINGBIRD LANE  
HIGH SPRINGS FL 32643**

10. Name and Address of New Registered Agent

**81** Name **GLEN D. RENFRO**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**150 S. MAIN ST.**

**83**

**84** City **LABELLE**

**FL**

**85** Zip Code **33935**

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 term of appointment

Date: Registered Agent Signature required when reappointment

DATE

12. OFFICERS AND DIRECTORS

**TITLE** **PST** ☐ DELETE  
**NAME** **RENFRO, GLEN DALE**  
**STREET ADDRESS** **36 MOCKINGBIRD LANE**  
**CITY - ST - ZIP** **HIGH SPRINGS FL**

**TITLE** **MGR** ☐ DELETE  
**NAME** **LOTRAER, MARJORIE**  
**STREET ADDRESS** **36 MOCKINGBIRD LANE**  
**CITY - ST - ZIP** **HIGH SPRINGS FL**

**TITLE** ☐ 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**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/4/95**  
Date

**941-675-3903**  
Corporate File #

CR2E034 (12/95)