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

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

City-St-ZIP

TITLE NAME

FILED May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S49583 (5)G.D.R. SYSTEMS, INC. Principal Place of Business Mailing Address P.O. BOX 2125 P.O. BOX 1466 HIGH SPRINGS FL 32643 LABELLA FL 32643 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3126193 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zφ This corporation owes or has paid the current year Intagrable Personal Property Tax due June 30. Yes Yes 29 30 Personal Property Tax due June 30. 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GLEN D. RENFRO 150 S. MAIN ST. 82 Street Address (P.O. Box Number is Not Acceptable) LABELLE FL 32643 83 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 (NOTE: Registered Agent signature required when re-instating) Signature, typed or printed name of registered agreet and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ Addition DELETE TITLE 1.1 TITLE RENFRO, GLEN DALE NAME 12 NAME 36 MOCKINGBIRD LANE STREET ADDRESS 1.3 STREET ADDRESS HIGH SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE MGR DELETE 2.1 TITLE Change ☐ Addition LOTRAFER, MARJORIE NAME 2.2 NAME **36 MOCKINGBIRD LANE** STREET ADDRESS 2.3 STREET ADDRESS HIGH SPRINGS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 741-475-3903

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS** Change

■ Addition

DELETE