FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S63763 (4)

1. Corporation Name
GAPS GLOBAL, INC.

Principal Place of Business
P.O. BOX 19416
ASHEVILLE NC 28815-7416

Mailing Address
P.O. BOX 19416
ASHEVILLE NC 28815-7416

DO NOT WRITE IN THIS SPACE.

412 Valley Road

2. Principal Place of Business
21

2a. Mailing Address
26 412 Valley Road

Suite, Apt. #, etc.
22 Sanford NC

Suite, Apt. #, etc.
27

City & State
23 27330

City & State
28 Sanford NC

Zip
24

Country
25 USA

Zip
29 27330

Country
30 USA

3. Date Incorporated or Qualified: 07/01/1991

3a. Date of Last Report: 07/26/1994

4. FEI Number: 65-0279736 — 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DONELSON, E. JEAN
25188 MARION AVE. V#11
PUNTA GORDA FL 33950

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	SAPP, PATRICIA SUE	1.2 NAME	SAPP, PATRICIA SUE	
STREET ADDRESS	132 OLD JIM'S BRANCH RD.	1.3 STREET ADDRESS	412 VALLEY ROAD	
CITY-ST-ZIP	SWANNANOA NC	1.4 CITY-ST-ZIP	SANFORD, NC 27330	
TITLE	VD	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	SAPP, GLEN E.	2.2 NAME	SAPP, GLEN E.	
STREET ADDRESS	132 OLD JIM'S BRANCH RD.	2.3 STREET ADDRESS	412 VALLEY ROAD	
CITY-ST-ZIP	SWANNANOA NC	2.4 CITY-ST-ZIP	SANFORD, NC 27330	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 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: Patricia S. Sapp for PATRICIA S. SAPP — 4-13-95 — (919) 708-6728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FN