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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01032 (4)

GMS, INC. AIR CONDITIONING AND APPLIANCE

Principal Place of Business Mailing Address 5570 DATIL PEPPER RD. 5570 DATIL PEPPER RD. ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1991 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 59-3100628 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name SHUGART, REBECCA W. 5570 DATIL PEPPER RD. Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 83 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 rigent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I also facility will, and accept the obligations of, Sogion 207.0505. Figure Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change DELETE 1.5 TITLE TITLE SHUGART, REBECCA 1.2 NAME NAME **5570 DATIL PEPPER RD.** 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE SHUGART, EARL W. 2.2 NAME NAME 5570 DATIL PEPPER RD. 2.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 2. 4 CITY-ST-2iP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - 7IP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 chapter 607, an allachment with an arteress.