

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:54

DOCUMENT # **L32294** (5)
1. Corporation Name
GOLDEN ISLES COACHES OF FLORIDA, INC.

Principal Place of Business Mailing Address
RT 3 BOX 662 CALLAHAN FL 32011 **RT 3 BOX 662 CALLAHAN FL 32011**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1989** 3a. Date of Last Report **01/31/1994**
4. FEI Number **59-3001360** 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

2. Principal Place of Business 2a. Mailing Address
21 **8452 Herlong Road** 26 **8452 Herlong Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Jacksonville, Florida** 28 **Jacksonville, Florida**
Zip Country Zip Country
24 **32210** 25 **US** 29 **32210** 30 **US**

9. Name and Address of Current Registered Agent
**WHIDDON, ROBERT D.
ROUTE 3 BOX 662
CALLAHAN FL 32011**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8452 Herlong Road
83
84 City **Jacksonville** FL 85 Zip Code **32210**

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

Certification (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WHIDDON, ROBERT D.	1.2 NAME	
STREET ADDRESS	RT 3 BOX 662 8452 Herlong Road'	1.3 STREET ADDRESS	
CITY, ST, ZIP	CALLAHAN Jax., FL 32210	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WHIDDON, MARY D.	2.2 NAME	
STREET ADDRESS	RT 3 BOX 662 8452 Herlong Rd.	2.3 STREET ADDRESS	
CITY, ST, ZIP	CALLAHAN Jacksonville, FL 32210	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MIRACLE, JUDY M.	3.2 NAME	
STREET ADDRESS	RT 3 BOX 662 8452 Herlong Rd.	3.3 STREET ADDRESS	
CITY, ST, ZIP	CALLAHAN Jax., FL 32210	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 110.07(3)(b), 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: *Robert D. Whiddon* Robert D. Whiddon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 355-9999 1/20/95

Title

(Signature Name)