

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

**APPROVED AND FILED**  
**95 MAY -1 AM 3:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # P93000061484 (0)**

1. Corporation Name  
**FLORIDA GULF CAPITAL AND EQUITY CORPORATION**

Principal Place of Business  
**315 E ROBINSON ST**  
**190**  
**ORLANDO FL 32801**  
**US**

Mailing Address  
**315 E ROBINSON ST**  
**190**  
**ORLANDO FL 32801**  
**US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified  
**08/27/1993**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

4. FEI Number  
**59-3199778**

Applied For  
 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  
**MC GEE, PEREZ & POWERS, P.A.**  
**201 E PINE ST**  
**SUITE 700**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when non-stating)

**12. OFFICERS AND DIRECTORS**

|                 |                                    |
|-----------------|------------------------------------|
| TITLE           | <b>D</b>                           |
| NAME            | <b>PARKER, GERALD C</b>            |
| STREET ADDRESS  | <b>315 E ROBINSON ST SUITE 190</b> |
| CITY - ST - ZIP | <b>ORLANDO FL</b>                  |
| TITLE           |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 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 amendment with my address.

SIGNATURE: *Gerald C. Parker* **Gerald C. Parker** 9/26/95 407-899-9919  
(Type) (Number)