

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Governor of the State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075707 (8)

1. Corporation Name

GULF BREEZE FILTER, INC.

Principal Place of Business

Mailing Address

880 SOUTH TAMMART TRAIL
OSPREY FL 34229

PO BOX 789
OSPREY FL 34229

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1993

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0446169

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

21 305 S. HAVANA RD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 VENICE, FL

28

Zip

Country

Zip

Country

24 34292

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORE, JEFFREY S
108 DEGAS DR.
NOKOMIS FL 34275

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DORE, JEFFREY S
STREET ADDRESS	108 DEGAS DR.
CITY- ST- ZIP	NOKOMIS FL
TITLE	V
NAME	DORE, VICTORIA L
STREET ADDRESS	108 DEGAS DR.
CITY- ST- ZIP	NOKOMIS FL
TITLE	S
NAME	DORE, VICTORIA L
STREET ADDRESS	108 DEGAS DR.
CITY- ST- ZIP	NOKOMIS FL
TITLE	T
NAME	DORE, JEFFREY S
STREET ADDRESS	108 DEGAS AVE.
CITY- ST- ZIP	NOKOMIS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY S. DORE

4-15-95

813-488-7070