

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V03447**

(2)

1. Corporation Name

GULF SANDS BEACH RESORT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:03

Principal Place of Business

1820 S HIGHLAND AVE
CLEARWATER FL 34616

Mailing Address

1820 S HIGHLAND AVE
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
02/10/1994

4. FEI Number
59-3103591

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

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PEACOCK, RAY
655 GULFVIEW BLVD.
CLEARWATER FL 34630

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

TITLE

D

NAME

WAKELY, FRANCES

STREET ADDRESS

437 ST ANDREWS

CITY - ST - ZIP

BELLEAIR FL

TITLE

PD

NAME

WAKELY, DAVID N

STREET ADDRESS

1820 SO HIGHLAND AVE

CITY - ST - ZIP

CLEARWATER FL

TITLE

SD

NAME

GELLEN, WARREN

STREET ADDRESS

3348 STIRLING RD

CITY - ST - ZIP

PALM HARBOR FL

TITLE

D

NAME

MALKE, ROBERT

STREET ADDRESS

316 BLUFFVIEW DR

CITY - ST - ZIP

BELLEAIR BLUFFS FL

TITLE

D

NAME

WHITNEY, GEORGE

STREET ADDRESS

706 NINA DR

CITY - ST - ZIP

TERRA VERDE FL

TITLE

D

NAME

TECHTMANN, HERBERT

STREET ADDRESS

220 W BEREEN CT

CITY - ST - ZIP

MILWAUKEE WI

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

GOLLON, WARREN

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:

David N. Wakely
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

DAVID N. WAKELY

(Title)

4/12/95

(Signature Number)