

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR -3 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 153132

(6)

1. Corporation Name

GUY D. AUSTIN & CO INC

Principal Place of Business

2110 S.W. 13TH AVE.
MIAMI FL 33145

Mailing Address

2110 S.W. 13TH AVE.
MIAMI FL 33145

900001423559

-03/07/95--01133--012

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/19/1947

3a. Date of Last Report

03/15/1994

4. FEI Number

59-6075381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

23

City & State

28

24. Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

EDWARDS, HAZE D.
2110 SW 13 AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

B. JOE KERLEY

82 Street Address (P.O. Box Number is Not Acceptable)

2110 SW 13 AVE

83

84 City

MIAMI

FL

85 Zip

33145

11. Pursuant to the provisions of Sections 607.002 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 time if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2/26/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AUSTIN, GUY D.
STREET ADDRESS	2110 SW 13 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	EDWARDS, HAZE D.
STREET ADDRESS	2110 SW 13 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	KERLEY, JANICE J.
STREET ADDRESS	3701 CARDINA DOWN DR
CITY-ST-ZIP	GREENSBORO NC
TITLE	DIV
NAME	B. JOE KERLEY
STREET ADDRESS	2110 SW 13 AVE.
CITY-ST-ZIP	MIAMI, FL 33145
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	☐ 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	DIRECTOR
4.3 STREET ADDRESS	B. JOE KERLEY
4.4 CITY-ST-ZIP	2110 SW 13 AVE MIAMI, FLA 33145
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	SEA
6.3 STREET ADDRESS	3-3
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(2)(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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILED (YEAR)

PRES

305/854-1427