FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:02

DOCUMENT # **312802** **(2)**

1. Corporation Name
WILLIAM H. GILMORE, INC.

Principal Place of Business	Mailing Address
CLEARWATER BEACH MARINA RT. 60 P.O. BOX 3008 CLEARWATER BEACH FL 34630	CLEARWATER BEACH MARINA RT. 60 P.O. BOX 3008 CLEARWATER BEACH FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/19/1967**
3a. Date of Last Report: **03/25/1994**

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

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

4. FEI Number: **59-1165295** ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GILMORE,WILLIAM H
CLEARWATER BEACH MARINA
P.O. BOX 3008
CLEARWATER BEACH 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 the date signed (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	WINGO, JERRY NEAL	12 NAME	
STREET ADDRESS	11 SOUTH LAKE DR	13 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	GILMORE, WILLIAM H	22 NAME	
STREET ADDRESS	MANNIS HILL ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON NH	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	GILMORE, EMELYN S	32 NAME	
STREET ADDRESS	MANNIS HILL ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON NH	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	WINGO, JOANN	42 NAME	
STREET ADDRESS	11 SOUTH LAKE DR	43 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	HAGGERT, SANDY	52 NAME	
STREET ADDRESS	13474 CROFT DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(i), 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: Sandy Haggert, President — February 17, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Sandy Haggert

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