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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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

1. Corporation Name

**WILLIAM H. GILMORE, INC.**

Principal Place of Business

CLEARWATER BEACH MARINA RT. 60
P.O. BOX 3008
CLEARWATER BEACH FL 34630

Mailing Address

CLEARWATER BEACH MARINA RT. 60
P.O. BOX 3008
CLEARWATER BEACH FL 34630

3. Date Incorporated or Qualified: **01/19/1967**

3a. Date of Last Report: **02/24/1995**

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. Does corporation owe any back taxes under s. 199.032, Florida Statutes? ☒ Yes ☐ No

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

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: Sandy Haggert
82 Street Address (P.O. Box Number is Not Acceptable): Clearwater Beach Marina
83
84 City: P.O. Box 3008 Clearwater Beach FL 85 Zip Code: 34630

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Sandy Haggert 3-25-96

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | VD | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | WINGO, JERRY NEAL | | NAME | |
| STREET ADDRESS | 11 SOUTH LAKE DR | | STREET ADDRESS | |
| CITY-ST-ZIP | INGLIS FL | | CITY-ST-ZIP | |
| TITLE | CD | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | GILMORE, WILLIAM H | | NAME | |
| STREET ADDRESS | MANNIS HILL ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP | LITTLETON NH | | CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | GILMORE, EMELYN S | | NAME | |
| STREET ADDRESS | MANNIS HILL ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP | LITTLETON NH | | CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | WINGO, JOANN | | NAME | |
| STREET ADDRESS | 11 SOUTH LAKE DR | | STREET ADDRESS | |
| CITY-ST-ZIP | INGLIS FL | | CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | HAGGERT, SANDY | | NAME | |
| STREET ADDRESS | 13474 CROFT DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | | CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

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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 report or supplemental 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 business agent authorized by section 607.1501 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 added to the current officer or director.

**SIGNATURE:** [signature] 3-11-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)