

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 25 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 331835 (9)

1. Corporation Name

GEORGE W. LINK & ASSOCIATES, INC.

Principal Place of Business

314 SO MISSOURI AVE STE 204
PO BOX 1683
CLEARWATER FL 34617

Mailing Address

314 SO MISSOURI AVE STE 204
PO BOX 1683
CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1968

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21 976 TARRSON BLVD

2a. Mailing Address

26 976 TARRSON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LADY LAKE FL

27 City & State

28 LADY LAKE FL

24 Zip

25 32159

Country

25 USA

29 Zip

29 32159

Country

30 USA

4. FEI Number

59-1218502

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

9. Name and Address of Current Registered Agent

GORMIN, GARY P.
3899 ULMERTON RD.
CLEARWATER FL 34622

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME LINK, GEORGE W
STREET ADDRESS 656 MANOR DRIVE, WEST
CITY - ST - ZIP DUNEDIN FL

TITLE VTD
NAME LINK, BARBARA H.
STREET ADDRESS 656 MANOR DRIVE, WEST
CITY - ST - ZIP DUNEDIN FL

TITLE PD
NAME LINK, GEORGE W., JR.
STREET ADDRESS 7218 CAMBRIDGE WAY
CITY - ST - ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 in an attachment with an address.

SIGNATURE:

George W. Link

GEORGE W. LINK

4/19/95

904-753-0420

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #