

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 363671

(9)

1. Corporation Name

GOULD REAL ESTATE, INC.



Principal Place of Business

Mailing Address

300 NORTH WOODLAND BLVD
PO BOX 2136
DELAND FL 32721-2136300 NORTH WOODLAND BLVD
PO BOX 2136
DELAND FL 32721-2136
US

2. Principal Place of Business

2a. Mailing Address

21 1771 FOELKER RD

26 1771 FOELKER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DELAND, FL

28 DELAND, FL

Zip

Zip

24 32724

29 32724

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOULD, R. GARDNER
300 N WOODLAND BLVD
DELAND FL 32720

81 Name

R. GARDNER GOULD

82

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

1771 FOELKER RD

83

84

City

DELAND

FL

85

Zip Code

32724

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

Sign, date, typed or printed name of registered agent and tick if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME GOULD, R. GARDNER
STREET ADDRESS 1771 FOELKER ROAD
CITY-ST-ZIP DELAND FLTITLE VD ☐ DELETENAME GOULD, WILLIAM H.
STREET ADDRESS 1002 ORANGE CAMP RD.
CITY-ST-ZIP DELAND FLTITLE STD ☐ DELETENAME GOULD, ESTHER L.
STREET ADDRESS 1002 ORANGE CAMP RD.
CITY-ST-ZIP DELAND FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 904 738-0109

CR2E034 (9/96)