

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 # 453581 (1)

1. Corporation Name

GASPARILLA DIVERSIFIED, INC.



Principal Place of Business

Mailing Address

STATE ROAD 771 & FISHERY RD  
P.O. BOX 37  
PLACIDA FL 33946

STATE ROAD 771 & FISHERY RD  
P.O. BOX 37  
PLACIDA FL 33946

3. Date Incorporated or Qualified

05/24/1974

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 13010 FISHERY RD.

26 P.O. Box 37

4. FEI Number

59-1543758

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOTITZKY, LEO  
227 TAYLOR STREET  
PUNTA GORDA FL

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 date of application)

(Signature typed or printed name of registered agent and date of application)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ALBRITTON, EUNICE M  
STREET ADDRESS HWY 771  
CITY-ST-ZIP PLACIDA FL

☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 13010 FISHERY RD.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD  
NAME ALBRITTON, A GARRY  
STREET ADDRESS HWY 771  
CITY-ST-ZIP PLACIDA FL

☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 13010 FISHERY RD

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE STD  
NAME ALBRITTON, GREGORY A  
STREET ADDRESS HWY 771  
CITY-ST-ZIP PLACIDA FL

☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 13010 FISHERY RD

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 119.07(3)(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 if changed, or on an attachment with an address

SIGNATURE:

Eunice G. Albritton  
EUNICE G. ALBRITTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

(940) 697-2451

Daytime Phone #

CR2E034 (12/95)