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 -9 AM 10:07

DOCUMENT # 504720 (4)

1. Corporation Name
GULFSTREAM TRAILER PARK, INC.

Principal Place of Business	Mailing Address
C/O FRIGOLA, DEVANE & WRIGHT 5701 OVERSEAS HWY. P. O. BOX 177 MARATHON FL 33050	C/O FRIGOLA, DEVANE & WRIGHT 5701 OVERSEAS HWY. P. O. BOX 177 MARATHON FL 33050

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1976
3a. Date of Last Report: 04/11/1994

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

4. FEI Number: 59-1679395 ☐ 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

DEVANE, WILLIAM N. JR.
5701 OVERSEAS HIGHWAY, SUITE #17
MARATHON FL 33050

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	FRISK, RICHARD H.	1.2 NAME	
STREET ADDRESS	7 GEER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CROMWELL CT	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	FRISK, ROBERT C.	2.2 NAME	
STREET ADDRESS	89 ALLISON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH WINDSOR CT	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	LONEY, WILLIAM E.	3.2 NAME	
STREET ADDRESS	915 PINE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON VT	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	GOKEY, JOHN R.	4.2 NAME	
STREET ADDRESS	WEST HILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHELSEA VT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOKEY, JOAN R.	5.2 NAME	
STREET ADDRESS	WEST HILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHELSEA VT	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	☐ Change ☐ Addition
NAME	LOGUIDICE, IRENE	6.2 NAME	
STREET ADDRESS	29 FAIRLAWN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN CT	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)(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: John R. Gokey
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING OFFICER OR DIRECTOR
John R. Gokey, Treasurer
Date: 2/4/95
Daytime Phone #

01013330 CP