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

APPROVED
AND
FILED

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **535143** **(2)**

1. Corporate Name
GUS GREGORY ASSOCIATES, INC.

Principal Place of Business
10482 N.W. 31ST TERR.
MIAMI FL 33172
US

Mailing Address
10482 N.W. 31ST TERR.
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/03/1977**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: **59-1732240** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or other (22) / Suite, Apt. # or other (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / County (25) / Zip (29) / County (30)

8. This corporation has/will, for interstate tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREGORY, GUS
10482 N.W. 31ST TERR.
MIAMI FL 33172

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 Section 607.1005 and 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A-Z)	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	GREGORY, GUS	12 NAME	
03 STREET ADDRESS	2600 CARDENA VILLA, APT. 4	13 STREET ADDRESS	
04 CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
05 TITLE	ST	15 TITLE	☐ Change ☐ Addition
06 NAME	GREGORY, GUS	16 NAME	
07 STREET ADDRESS	2600 CARDENA VILLA, APT. 4	17 STREET ADDRESS	
08 CITY ST ZIP	CORAL GABLES FL	18 CITY ST ZIP	
09 TITLE		19 TITLE	☐ Change ☐ Addition
10 NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY ST ZIP		22 CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption as stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that the signature(s) below is/are the person(s) with the legal duty to sign this report pursuant to Section 607.1622, Florida Statutes, and that my name appears in Block 1 or Block 2 above/on an attachment with an address.

SIGNATURE: Gus Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-95
Date

305-593-9500
Daytime Phone Number

0104373 CP