

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

**APPROVED
AND
FILED**

55 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 535143 (2)

1. Corporation Name

GUS GREGORY ASSOCIATES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Addressed 05/03/1977		3a. Date of Last Report 02/24/1994	
4. FIC Number 59-1732240		Agent Fee 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			

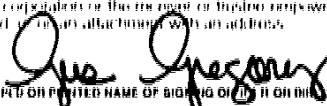
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREGORY, GUS 10482 N.W. 31ST TERR. MIAMI FL 33172				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) 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 607.05(5), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD GREGORY, GUS 2600 CARDENA VILLA, APT. 4 CORAL GABLES FL	13.1 NAME	☐ Change ☐ Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	ST GREGORY, GUS 2600 CARDENA VILLA, APT. 4 CORAL GABLES FL	13.2 NAME	☐ Change ☐ Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP		13.3 NAME	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP		13.4 NAME	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP		13.5 NAME	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP		13.6 NAME	☐ Change ☐ Addition
12.7 NAME STREET ADDRESS CITY, ST, ZIP		13.7 NAME	☐ Change ☐ Addition
12.8 NAME STREET ADDRESS CITY, ST, ZIP		13.8 NAME	☐ Change ☐ Addition
12.9 NAME STREET ADDRESS CITY, ST, ZIP		13.9 NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption as stated in Section 199.03(2), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 principal or principal responsible for the filing of this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or additions attaching with an address.

SIGNATURE:  2.7-95 305-5934800