FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CH

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752423** **(4)**

1. Corporation Name
GULF SPECIMEN MARINE LABORATORIES, INC.

Principal Place of Business
~~273~~ 275 CLARK DRIVE
P.O. BOX 237
PANACEA FL 32346

Mailing Address
~~273~~ 275 CLARK DRIVE
P.O. BOX 237
PANACEA FL 32346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2021454 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

RUDLOE, ANNE
275 CLARK DRIVE
PANACEA FL 32346

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RUDLOE, JACK J.	12 NAME	
STREET ADDRESS	275 CLARK DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	RUDLOE, JACK J.	22 NAME	
STREET ADDRESS	275 CLARK DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	RUDLOE, JACK J.	32 NAME	
STREET ADDRESS	275 CLARK DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	RUDLOE, ANNE	42 NAME	
STREET ADDRESS	275 CLARK DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	NESTOR, HELEN	52 NAME	MILTON ARONSON
STREET ADDRESS	273 CLARK DRIVE REMOVE/DECEASED	53 STREET ADDRESS	5820 BIKINI WAY SOUTH
CITY-ST-ZIP	PANACEA FL	54 CITY-ST-ZIP	ST. PETERSBURG, FL. 33706
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or an attachment with an address.

SIGNATURE: _____ April 25 - 1995
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date
President
904-984-5297
Daytime Phone #

0026120

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753692 (3)

1. Corporation Name

GULF SPRAY CONDOMINIUM ASSOCIATION OF ST. PETER SBURG, INC.

Principal Place of Business / Mailing Address

GULF842 336223087 1894 01/13/95
NOTIFY SENDER OF NEW ADDRESS
: GULF SPRAY CONDO
PO BOX 66392
SAINT PETERSBURG FL 33736-6392

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1980	3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21): P.O. Box 66392 St Petersburg Fl	2a. Mailing Address (26): P.O. Box 66392 St Petersburg Fl 33736-6392
Suite, Apt. #, etc (22): 33736-6392	Suite, Apt. #, etc (27):
City & State (23):	City & State (28):
Zip (24): Country (25):	Zip (29): Country (30):

9. Name and Address of Current Registered Agent

BRUECKNER, PAT
7797 W. GULF BLVD
SUITE 12
TREASURE ISLAND FL 33706

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: Pat Brueckner 4-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	BRUECKNER, PAT	1.2 NAME	Dewey Brannon
STREET ADDRESS	7797 W. GULF BLVD., SUITE 12	1.3 STREET ADDRESS	9326 Jackson St D
CITY ST ZIP	TREASURE ISLAND FL	1.4 CITY ST ZIP	Mentor, Oh 44060
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, DANA	2.2 NAME	Same
STREET ADDRESS	1145 NW 90 TERR	2.3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	2.4 CITY ST ZIP	
TITLE	VPD	3.1 TITLE	1st V.P. ☒ Change ☐ Addition
NAME	DEWEY, BRANNON	3.2 NAME	Martha Anderson
STREET ADDRESS	7797 W. GULF BLVD., SUITE B	3.3 STREET ADDRESS	728 Oriole Dr D
CITY ST ZIP	TREASURE ISLAND FL	3.4 CITY ST ZIP	Eastlake, Oh 44095
TITLE	TD	4.1 TITLE	T.D. ☒ Change ☐ Addition
NAME	SOUSA, JOANN	4.2 NAME	Pat Brueckner
STREET ADDRESS	11908 CONGRESSIONAL DR	4.3 STREET ADDRESS	7797 W. Gulf Blvd Unit 12
CITY ST ZIP	TAMPA FL	4.4 CITY ST ZIP	Treasure Is, Fl 33706 D
TITLE	VP	5.1 TITLE	2nd V.P. ☒ Change ☐ Addition
NAME	ANDERSON, MARTHA	5.2 NAME	Darryl Burkett
STREET ADDRESS	7797 W. GULF BLVD., #8	5.3 STREET ADDRESS	522 S. Northwest Hwy P.O. 562
CITY ST ZIP	TREASURE ISLAND FL	5.4 CITY ST ZIP	Barrington, Il 60010 D
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pat Brueckner 4-17-95 813-360-7863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0054654