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 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F43362** (5)

1. Corporation Name

GULFSTREAM FINANCIAL SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
9140 GOLFSIDE DR. SUITE 14-SO. JACKSONVILLE FL 32256	9140 GOLFSIDE DR. SUITE 14-SO. JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4401 Wesconnett Blvd	2a. Mailing Address: 26 4801 E. Independence Blvd
Suite, Apt. #, etc.: 22 Ste 110	Suite, Apt. #, etc.: 27 Suite 710
City & State: 23 Jacksonville, Fl	City & State: 28 Charlotte, NC
Zip: 24 32210-7379 County: 25 Duval	Zip: 29 28212 County: 30 Mecklenburg

3. Date Incorporated or Qualified: **09/03/1981**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **59-2142469** ☐ 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 satisfy for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOMSEY, BARBARA J
DEER MEADOWS BUSINESS CENTER
9140 GOLFSIDE DR., #14-SO.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Mary Teresa Hall
82 Street Address (P.O. Box Number is Not Acceptable): 4401 Wesconnett Blvd.
83 Ste 110
84 City: Jacksonville, FL 85 Zip Code: 32210

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] 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	☒ Change ☐ Addition
NAME	HOMSEY, BARBARA J	NAME	
STREET ADDRESS	9140 GOLFSIDE DR., #14-SO.	STREET ADDRESS	4801 E. Independence Dr. #710
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	Charlotte, NC 28212
TITLE	V	TITLE	☒ Change ☐ Addition
NAME	HALL, MARY TERESA	NAME	
STREET ADDRESS	9140 GOLFSIDE DR., SUITE 14 S.	STREET ADDRESS	4401 Wesconnett Blvd., Ste 110
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, Fl 32210
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	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] January 23, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara J. Homsey, President

Date / Daytime Phone #