

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. McWhorter
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G53278** (9)

1. Corporation Name

SHOULTS, GWIN & ASSOCIATES, INC.



Principal Place of Business

**1209 AIRPORT RD. STE 4
P.O. BOX 1805
DESTIN FL 32541
US**

Mailing Address

**1209 AIRPORT RD. STE 4
P.O. BOX 1805
DESTIN FL 32540**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**GWIN, CURTIS H.
1209 AIRPORT DR. STE 4
DESTIN FL 32541**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/09/1983

3a. Date of Last Report

03/10/1995

4. FET Number

59-2316388

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

10. Name and Address of New Registered Agent

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 typed or printed in case of high contrast or illegible signature

(OFF) Registered Agent Signature (typed or printed name)

(DATE)

12. OFFICERS AND DIRECTORS

1. TITLE	VTSD	☐ DELETE
2. NAME	GWIN, CURTIS H.	
3. STREET ADDRESS	1209 AIRPORT RD., SUITE 4	
4. CITY- ST- ZIP	DESTIN FL	
1. TITLE	PD	☐ DELETE
2. NAME	SHOULTS, HOWARD R.	
3. STREET ADDRESS	1209 AIRPORT RD., SUITE 4	
4. CITY- ST- ZIP	DESTIN FL	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		

13.

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard R. Shoults

4/2/96 904-837-0392

CR2E034 (12/95)