

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H91467

(1)

1. Corporation Name

GULF GO-FERS, INC.

Principal Place of Business

**2136 CORPORATION BLVD
P.O. BOX 3016
NAPLES FL 33939**

Mailing Address

**2136 CORPORATION BLVD
P.O. BOX 3016
NAPLES FL 33939**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

12/24/1985

3a. Date of Last Report

07/14/1994

2. Principal Place of Business

21 **2136 CORPORATION BLVD.**

2a. Mailing Address

26 **P.O. Box 3016**

4. FEI Number

59-2622169

Applied For

☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

23 **NAPLES, FL.**

28 City & State

28 **Naples, FL.**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip

24 **33942**

Country

25 **Collier**

29 Zip

29 **33939**

Country

30 **Collier**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROBINETT, JAMES L.
2441 LONGBOAT DR.
NAPLES FL 33942**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when heretofore)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ROBINETT, SHARON L.
STREET ADDRESS	481 16TH AVENUE SOUTH
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	ROBINETT, CAROL M.
STREET ADDRESS	1623 EUCALYPTUS LN.
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	ROBINETT, BARBARA
STREET ADDRESS	1320 BLUE PT COURT 7
CITY-ST-ZIP	NAPLES FL
TITLE	P
NAME	ROBINETT, JAMES L.
STREET ADDRESS	2441 LONGBOAT DR.
CITY-ST-ZIP	NAPLES FL
TITLE	V
NAME	ROBINETT, BRADFORD
STREET ADDRESS	1623 EUCALYPTUS LN.
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SDT	☒ Change ☐ Addition
1.2 NAME	ROBINETT, SHARON L.	
1.3 STREET ADDRESS	2136 CORPORATION BLVD.	
1.4 CITY-ST-ZIP	NAPLES, FL. 33942	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	ROBINETT, CAROL M.	
2.3 STREET ADDRESS	2136 CORPORATION BLVD.	
2.4 CITY-ST-ZIP	NAPLES, FL. 33942	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	STEWART, ROBINETT, BARBARA	
3.3 STREET ADDRESS	2136 CORPORATION BLVD.	
3.4 CITY-ST-ZIP	NAPLES, FL. 33942	
4.1 TITLE	P	☒ Change ☐ Addition
4.2 NAME	ROBINETT, JAMES	
4.3 STREET ADDRESS	2136 CORPORATION BLVD.	
4.4 CITY-ST-ZIP	NAPLES, FL. 33942	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	ROBINETT, BRADFORD	☒ Deletion
5.3 STREET ADDRESS	NO LONGER OFFICER OR DIRECTOR	
5.4 CITY-ST-ZIP	PLEASE DELETE SAME	
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 accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. ROBINETT P.

4-25-95 813-591-1353

(Date)

(Signature Number)