

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H93902 (5)

1. Corporation Name

W. CLARK GWINN AND ASSOCIATES, INC.

Principal Place of Business

**280 WEKIVA SPRINGS RD.
SUITE 134
LONGWOOD FL 32779**

Mailing Address

**280 WEKIVA SPRINGS RD.
SUITE 134
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1986

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2637297

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

2. Principal Place of Business

21 2180 SR 434 W. #6170

2a. Mailing Address

26 2180 SR 434 W.

Suite, Apt. #, etc.

22 6170

Suite, Apt. #, etc.

27 6170

City & State

23 Longwood, FL

City & State

28 Longwood FL

City

24 32779

County

25 SEMINOLE

City

29 32779

County

30 SEMINOLE

9. Name and Address of Current Registered Agent

**GWINN, W. CLARK
280 WEKIVA SPRINGS RD #134
LONGWOOD 32779**

10. Name and Address of New Registered Agent

81 Name

SAME

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

2180 SR 434 W. # 6170

83

84 City

Longwood

FL

85 Zip Code

32779

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 of Registered Agent (Print Name and Title)

NOTE: Registered Agent signature required when instituting

(11/97)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GWINN, W. CLARK
STREET ADDRESS	280 WEKIVA SPR. RD #134
CITY, ST, ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SAME	☐ Change ☐ Addition
12 NAME	SAME	
13 STREET ADDRESS	2180 SR 434 W #6170	
14 CITY, ST, ZIP	Longwood FL 32779	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(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:

W. Clark Gwin, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

407-774-8977
(Telephone Number)