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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:58

DOCUMENT # **H96172** **(2)**

1. Corporation Name
GAP ESTATES, INC.

Principal Place of Business	Mailing Address
1920 PALM BEACH LAKES BLVD SUITE 202 WEST PALM BEACH FL 33409-3505	1920 PALM BEACH LAKES BLVD SUITE 202 WEST PALM BEACH FL 33409-3505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/28/1986**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2766253** ☐ 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. This corporation has taken or elongate tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALDRON, THOMAS S. 1920 PALM BEACH LAKES BLVD SUITE 202 WEST PALM BEACH FL 33409	81 Name: N. Griffin Wilson 82 Street Address (P.O. Box Number is Not Acceptable): 1920 Palm Beach Lakes Blvd., Suite 202 83 84 City: West Palm Beach, FL 85 Zip Code: 33409

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] PRES 5/30/95
Signature(s) required for printed name(s) of registered agent and officer or director listed above. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	WALDRON, THOMAS S.	12 NAME	N. Griffin Wilson	
STREET ADDRESS	1920 PALM BEACH LKS BLVD	13 STREET ADDRESS	1920 Palm Beach Lakes Blvd., Suite 202	
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	West Palm Beach, FL 33409	
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	WALDRON, THOMAS S.	22 NAME		
STREET ADDRESS	1920 PALM BEACH LKS BLVD	23 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	24 CITY ST ZIP		
TITLE	V	31 TITLE	NONE	☒ Change ☐ Addition
NAME	WILSON, N. G	32 NAME		
STREET ADDRESS	1920 PALM BCH LAKES BLVD #202	33 STREET ADDRESS		
CITY ST ZIP	W PALM BCH FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in connection with my address.

SIGNATURE: N. Griffin Wilson, Pres 5/30/95 - 407-689-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240176 CP