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 APR -7 AM 10:54

DOCUMENT # **J47335** **(1)**

1. Corporation Name
G.F. CORL, INC.

Principal Place of Business	Mailing Address
1677 LEE ROAD CLEARWATER FL 34625 US	P.O. BOX 8501 CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/16/1986**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business
21 **1699 FARRIER TRAIL**
Suite, Apt. #, etc.
22
City & State
23 **CLEARWATER, FL**
Zip
24 **34625**
Country
25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-2746036** ☐ 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

9. Name and Address of Current Registered Agent

CORL, JEAN B
1677 LEE RD
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: **CORL, JEAN B.**
82 Street Address (P.O. Box Number is Not Acceptable): **1699 FARRIER TRAIL**
83
84 City: **CLEARWATER** **FL** 85 Zip Code: **34625**

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: **Jean B. Corl** 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	CORL, JEAN B	1.2 NAME	CORL, JEAN B	
STREET ADDRESS	1677 LEE ROAD	1.3 STREET ADDRESS	1699 FARRIER TRAIL	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CORL, JEAN B	2.2 NAME	CORL, JEAN B.	
STREET ADDRESS	1677 LEE ROAD	2.3 STREET ADDRESS	1699 FARRIER TRAIL	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34625	
TITLE	VP	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	CORL, JOHN F	3.2 NAME	CORL, JOHN F.	
STREET ADDRESS	443 WINDING WILLOW DR	3.3 STREET ADDRESS	102 WATEREDGE COURT	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: **Jean B. Corl** 4/3/95 813-796-0106
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

JEAN B. CORL

0446015 FP