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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J74827 (3)

1. Corporation Name

GAMSEY CARRIAGE COMPANY, INC.



Principal Place of Business

Mailing Address

~~JOSEPH L. BOLES, JR.~~
~~46 SPANISH ST~~
~~ST AUGUSTINE FL 32084-4997~~

~~73 COMARES AVE~~
~~APT 1C~~
~~ST AUGUSTINE FL 32084~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 83 COMARES AVE

26 83 COMARES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT # 1-C

27 APT # 1-C

City & State

City & State

23 ST AUGUSTINE FLA

28 ST AUGUSTINE FLA.

Zip

Country

U.S.A.

Zip

Country

U.S.A.

24 32084

25 ST AUGUSTINE

29 32084

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLES, JOSEPH L, JR
120 CHARLOTTE ST
ST AUGUSTINE FL 32084

81 Name

STUART GAMSEY

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

83 COMARES AVE APT 1-C

83

84 City

ST AUG

FL

85 Zip Code

32084

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 STUART GAMSEY

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

(NOTE: Registered Agent signature required when reinstating)

4/15/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GAMSEY, STUART
1525 N. WHITNEY ST
ST AUGUSTINE FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
STUART GAMSEY
83 COMARES AVE APT #1-C
ST AUG FLA 32084

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAMSEY, NANCY
1525 N. WHITNEY ST.
ST. AUGUSTINE FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SAME VICE PRES

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SAME SEC.

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
SAME TREASURER

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
SAME

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
SAME

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 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:

Stuart Gamsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (504) 824-5082
Date Daytime Phone #

CR2E034 (12/95)