

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrham
Secretary of State
ASSOCIATED CORPORATIONS

1995 7-595 B-7650 C

APPROVED
AND
FILED

95 JUL -5 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J87585** (2)

1. Corporation Name
GWIN AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
7785 BAYMEADOWS WAY SUITE 103 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1987	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2838038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for excise tax under § 199.002 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WINKLER, JOHN 2515 OAK ST JACKSONVILLE FL 32216				B1. Name	WATSON, TODD		
				B2. Street Address (P.O. Box Number is Not Acceptable)	7785 Baymeadows Way #103		
				B3. City	Jacksonville		
				B4. State	FL	B5. Zip Code	32250

11. Pursuant to the provisions of Sections 190.002 and 190.1001 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of principal place of business in the State of Florida. An election was authorized by the corporation's board of directors, thereby accept the appointment of a new registered agent in accordance with the provisions of Section 190.002, Florida Statutes.

SIGNATURE: *[Signature]* Attorney at Law FL Bar # 0935227 Date: **6/31/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D GWIN, RICHARD E. 10164 BISHOP LAKE RD W JACKSONVILLE FL	14. NAME	Delete Richard Gwin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GWIN, DONNA K. 10164 BISHOP LAKE RD W JACKSONVILLE FL	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		29. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		30. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.01(4), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. 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]* **DONNA K. GWIN** **6/30/95 (904) 737-9480**