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

APPROVED AND FILED

95 MAY -3 AM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K07465 (3)

1. Corporation Name

GULF AIRE REALTY OF BAY COUNTY, INC.

Principal Place of Business	Mailing Address
820 HIGHWAY 98 P O BOX 13332 MEXICO BEACH FL 32410	820 HIGHWAY 98 P O BOX 13332 MEXICO BEACH FL 32410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2866596	☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

DUREN, IKE
820 HWY. 98
MEXICO BEACH FL 32410

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 _____ 4-25-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDST	11 TITLE		☒ Change ☐ Addition
NAME	DUREN, IKE	12 NAME		
STREET ADDRESS	7900 THOMAS DR.	13 STREET ADDRESS	820 Highway 98	
CITY ST ZIP	PANAMA CITY BCH. FL	14 CITY ST ZIP	Mexico Beach, FL 32410	
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	DUREN, ALISA	22 NAME		
STREET ADDRESS	7900 THOMAS DR.	23 STREET ADDRESS	PO 820 Highway 98	
CITY ST ZIP	PANAMA CITY BCH. FL	24 CITY ST ZIP	Mexico Beach, FL 32410	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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		

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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: _____ 4/25/95 904-230-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410970 FP