

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K24942** (0)
1. Corporation Name
MEXI-GULF DEVELOPMENTS, INC.

Principal Place of Business Mailing Address
% KRAFT CONSTRUCTION CO. INC
2606 SOUTH HORSESHOE DR
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/31/1988** 3a. Date of Last Report **07/05/1994**

4. FEI Number **65-0133439** 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. 193.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

PEZESHKAN, FRED
2606 SOUTH HORSESHOE DR
NAPLES FL 33942

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:

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS

12.1 NAME **D SEHAYEK, RAYMOND**
12.2 STREET ADDRESS **76 SEAGATE DR #5**
12.3 CITY, ST, ZIP **NAPLES FL**
12.4 NAME **D PEZESHKAN, FRED**
12.5 STREET ADDRESS **2602 S HORSESHOE DR**
12.6 CITY, ST, ZIP **NAPLES FL**
12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, ST, ZIP
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition
13.2 STREET ADDRESS
13.3 CITY, ST, ZIP
13.4 NAME ☐ Change ☐ Addition
13.5 STREET ADDRESS
13.6 CITY, ST, ZIP
13.7 NAME ☐ Change ☐ Addition
13.8 STREET ADDRESS
13.9 CITY, ST, ZIP
13.10 NAME ☐ Change ☐ Addition
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 NAME ☐ Change ☐ Addition
13.14 STREET ADDRESS
13.15 CITY, ST, ZIP

14. I 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)(b), 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 this 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 my appointment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19 95
Date (Month/Day/Year)