

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
SUNSHINE REGISTRATION
REGISTRATION OF CORPORATIONS
JULY 1, 1995 - JUNE 30, 1996

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:10

DOCUMENT # **L23832** (3)

GULFWIND OF MANATEE, INC.

Principal Office Location: 1601 KEN THOMPSON PKWY
SARASOTA FL 34236
Mailing Address: 2005 N TAMiami TR
SARASOTA FL 34234
US

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or chartered: 10/11/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0168630
5. Certificate of Status Debated: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for information under s. 190.01(2) Florida Statutes: ☒ Yes ☐ No

2. Principal Office Location: 21
2a. Mailing Address: 26
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9. Name and Address of Current Registered Agent

MARKS, GREGORY M.
1819 MAIN ST
SUITE 1100
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number, if applicable):
83
84 City: FL 85 Zip Code:

11. I, the undersigned, being a resident of this state, do hereby certify that the above named corporation, within this statement for the purpose of changing its registered office, has complied with the provisions of Chapter 190, Florida Statutes, and that the corporation is in good standing and is not delinquent in its payment of any taxes or fees due to the state of Florida.

12. OFFICERS AND DIRECTORS

D
WHIPP, EUGENE M.
1601 CITY ISLAND RD
SARASOTA FL
S
WHIPP, NORMA, C
1601 CITY ISLAND RD
SARASOTA FL

13. ADULTER, PARTNER, AND OTHER OFFICERS

1. NAME: [] Change [] Add New
2. NAME: [] Change [] Add New
3. NAME: [] Change [] Add New
4. NAME: [] Change [] Add New
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20. NAME: [] Change [] Add New

REMITTED BY MAY 1

14. I, the undersigned, do hereby certify that the information supplied with this filing is a true and correct statement of the facts and circumstances of the corporation, and that the information is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on the back of this filing or on an attachment with an address.

SIGNATURE: *Norma C. Whipp*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

5/15/95