

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

1995 MAR -8 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96219 (5)

1. Corporation Name

G.R.W. OF NORTHWEST FLORIDA, INC.

Principal Place of Business

1234 AIRPORT RD. STE 121
P O BOX 5495
DESTIN FL 32541

Mailing Address

1234 AIRPORT RD. STE 121
P O BOX 5495
DESTIN FL 32541

800001426368
-03/10/95--01051--021
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/15/1990

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3030950

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. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PETERMANN, RICHARD P., JR
25 WALTER MARTIN RD.
FT. WALTON BEACH FL 32548

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
EATON, JIM
3602 BOBBIN BROOK CIR
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JONES, C. WAYNE
RT 2 BOX 76 A
FREEPORT FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RUSHING, JOHN R.
1234 AIRPORT RD, STE 121
DESTIN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

See
3-8

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Section 110.07(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 checked, or on an attachment with an address.

SIGNATURE:

C. WAYNE JONES, S/T
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

FEB. 27, 1995

904-035-2358