

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P21910 (5)

1. Corporation Name

GORDON PAGE ASSOCIATES, INC.

Principal Place of Business

777 GLOUCESTER ST., SUITE 401
P.O. BOX 1398
BRUNSWICK GA 31521

Mailing Address

777 GLOUCESTER ST., SUITE 401
P.O. BOX 1398
BRUNSWICK GA 31521

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 9:54

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/30/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

58-1822277

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DILLER, STEPHEN C.W.
7238 STATE ROAD 52
SUITE 10
HUDSON FL 34667

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 for 4 applications)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SLAUGHTER WILLIAM E.
1382 W WESLEY RD NE
ATLANTA GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DILLER, STEPHEN C.W.
9870 LAKEVIEW DR
NEW PT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
BISHOP, JAMES A.
777 GLOUCESTER ST. S.401
BRUNSWICK GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PAGE L.A.
5104 E. LONGBOAT BLVD.
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
PAGE, L.E.
5104 E. LONGBOAT BLVD
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(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 changed) or on an attachment with an address.

SIGNATURE: *S. Page - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

6/15/95