

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000000758 (2)

1. Corporation Name

GOLF & GULF PROPERTIES, INC.

Principal Place of Business

5006 TROUBLE CREEK ROAD
115
NEW PORT RICHEY FL 34652
US

Mailing Address

5006 TROUBLE CREEK RD.
SUITE 115
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1992

3a. Date of Last Report
06/20/1994

4. FEI Number
59-3157739

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. 100.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **4103 MARINE PKWY**

Suite, Apt. #, etc.

City & State

23 **NEW PORT RICHEY, FL**

Zip

24 **34652**

Country

25 **USA**

2a. Mailing Address

26 **P.O. BOX 973**

Suite, Apt. #, etc.

City & State

28 **NEW PORT RICHEY, FL**

Zip

29 **34656-0973**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**FALCO, CAROLYN
4103 MARINE PARKWAY
NEW PORT RICHEY FL 34652**

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 the 4 application

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FALCO, CAROLYN**
STREET ADDRESS **4103 MARINE PARKWAY**
CITY - ST - ZIP **NEW PORT RICHEY FL 34652**

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 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 or liquidator 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn Falco

4/28/95 (813) 848-7691