

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000002225 (0)

1. Corporation Name

**GENERAL BUSINESS REAL ESTATE INVESTMENT CORPORAT
ION OF SW/FL.**

Principal Place of Business

Mailing Address

**1777 TAMiami TRAIL
SUITE 400
PORT CHARLOTTE FL 33948
US**

**1777 TAMiami TRAIL
SUITE 400
PORT CHARLOTTE FL 33948
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0364459

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**CALLAN, ROBERT
400 URDOCK FLORIDA BANK BUILDING
BOX 27, 1777 TAMiami TRAIL
PORT CHARLOTTE FL 33948**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400 Murdock Florida Bank Building

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

Robert Callan, President

04/20/1995

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **CALLAN, ROBERT**
STREET ADDRESS **1777 TAMiami TRAIL, SUITE 400**
CITY- ST- ZIP **PORT CHARLOTTE FL**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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

SIGNATURE:

Robert CALLAN, President 04/20/1995

813-255-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number