FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:56

DOCUMENT # P93000007400 (3)

1. Corporation Name

GREGORY & WAHL LIMITED, INC.

Principal Place of Business
327 AVENUE B. S.E.
WINTER HAVEN FL 33880

Mailing Address
327 AVENUE B. S.E.
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/26/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 399 Avenue B, SE
Suite, Apt. #, etc.
22
City & State
23 Winter Haven FL
Zip
24 33880
Country
25

2a. Mailing Address
26 P. O. Box 7247
Suite, Apt. #, etc.
27
City & State
28 Winter Haven FL
Zip
29 33883
Country
30

4. FEI Number: 59-3163474 ☐ 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

9. Name and Address of Current Registered Agent

GREGORY, WILLIAM E
1550 DREXEL AVE., N.E.
WINTER HAVEN FL FL338-81

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 ______ (Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	WAHL, RICHARD C	1.2 NAME	
STREET ADDRESS	3330 N. ORANGE AVE	1.3 STREET ADDRESS	15 N. Eola Dr. #2
CITY ST ZIP	ORLANDO FL 32803	1.4 CITY ST ZIP	Orlando, FL 32801
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GREGORY, WILLIAM E	2.2 NAME	
STREET ADDRESS	1550 DREXEL AVE. N.E.	2.3 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL 33881	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	GREGORY, ANDREW L	3.2 NAME	
STREET ADDRESS	327 AVENUE B. S.E.	3.3 STREET ADDRESS	1420 Waterside Ln. #306
CITY ST ZIP	WINTER HAVEN FL 33880	3.4 CITY ST ZIP	Casselberry, FL 32707
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: William E Gregory President 4-9-95 (813) 297-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314806 CP