

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000013766 (9)

1. Corporation Name

GAF & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**1007 KNOLLWOOD CT
WINTER SPRINGS FL 32708
US**

**PO BOX 195576
WINTER SPRINGS FL 32719
US**

3. Date Incorporated or Qualified
02/17/1993

3a. Date of Last Report
08/03/1995

2. Principal Place of Business
 21 **2909 Hill Street**

2a. Mailing Address
 26 **P.O. Box 2542**

22 Suite, Apt #, etc
(Upper)

27 Suite, Apt #, etc

23 City & State
New Smyrna Bch, FL

28 City & State
New Smyrna Bch, FL

24 Zip
32169

25 Country
Volusia

29 Zip
32170

30 Country
Volusia

4. FEI Number
59-3168685

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

**FELKER, EUGENE A
1007 KNOLLWOOD CT
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81 Name **Felker, Eugene A**

82 Street Address (P.O. Box Number is Not Acceptable)
2909 Hill Street

83

84 City **New Smyrna Bch**

FL

85 Zip Code
32170

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 **Eugene A Felker, Pres**

Eugene A Felker

7-29-96

Signature of officer or printed name of registered agent, if applicable

(NOTE: Registered agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **PVST**
 STREET ADDRESS **FELKER, EUGENE A**
 CITY-ST-ZIP **1007 KNOLLWOOD CT 2909 Hill St
WINTER SPRINGS FL New Smyrna Bch, FL**

TITLE ☐ DELETE
 NAME **D**
 STREET ADDRESS **FELKER, EUGENE A**
 CITY-ST-ZIP **1007 KNOLLWOOD CT 2909 Hill St
WINTER SPRINGS FL New Smyrna Bch, FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
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TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS **2909 Hill St**
 14 CITY-ST-ZIP **New Smyrna Bch, FL 32169**

21 TITLE ☒ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS **2909 Hill St**
 24 CITY-ST-ZIP **New Smyrna Bch, FL 32169**

31 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Eugene A Felker**

7-29-96

(904) 426-1246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)