

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -7 AM 10:40

DOCUMENT # P93000021015 (1)

1. Corporation Name

REGENT GULF CORP.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/22/1993** 3a. Date of Last Report **03/08/1994**

4. FEI Number **65-0400368** 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. 109.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**7800 BAYBERRY RD
JACKSONVILLE FL 32256
US**

2a. Mailing Address

**7800 BAYBERRY RD
JACKSONVILLE FL 32256
US**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULLERTON, ROBERT C
7800 BAYBERRY RD
STE 100
JACKSONVILLE FL 32256**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **CLABAUGH, JAMES E**
STREET ADDRESS **406 GULF OF MEXICO DR**
CITY - ST - ZIP **LONGBOAT KEY FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **FULLERTON, ROBERT C**
STREET ADDRESS **7800 BAYBERRY RD, STE 100**
CITY - ST - ZIP **JACKSONVILLE FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Treasurer, Asst. Secretary

☒ Change ☐ Addition

TITLE **S**
NAME **MCCULLOUGH, PAM**
STREET ADDRESS **406 GULF OF MEXICO DR**
CITY - ST - ZIP **LONGBOAT KEY FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 and, if changed, or on an attachment with an address.

SIGNATURE:

ROBERT C FULLERTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/95

904-777-8500