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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

ENT # P93000022099 (4)

DOCUMENT #
1. Corporation Name

GORHAM ECONOMIC ANALYSIS & RESEARCH, INC.

Effective 3-15-96	name	change	to	_
Gorham Inv	estme	nt Maña	ement	Corn
ncinal Place of Business		Moi	lino Addreson	Orb.



1044 CASTE SUITE 211 NAPLES FL	LLO DR	Mailing Addross 1044 CASTELLO DR SUITE 211 NAPLES FL 33940	N/C 3-15-9		3a. Date of Last Report 05/01/1995	
2. Principal Pl	ace of Business	2a. Mailing Address				
21	26		4. FET Number 65-0467391	Applied For		
Suite, Apt. #, etc. Suite, Apt. #, etc.			Not Applicable			
22 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State		6. Election Campaign Financing	\$5.00 May Be			
23 .		28			Added to Fees	
Zip	Country	Zip	Country 8. This corporation has liability for intangible tax under s 199.0			
24	25	29	30	Florida Statutes 🔀 Yes 🗌 No		
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	istered Agent	
1044 CA Suite 2	TH, C.G. J ISTELLO DR 11 FL 33940		81 Name Bec.l 82 Street Ad	with Jr., C. Gorham ddress (P.O. Box Number is Not Acceptable)		
			84 City		FL 85 Zip Code	
SIGNATURE	o the provisions of Sections 607.050 ed agent, or both, in the Sante of Flo th, and access the obligations of Se Signs on, byed or printed name of registered age		es, the above named eoned by the corporation's b	oordhon submits this statement for the purpolograd of directors. I hereby accept the appoin 4-24	se of changing its registered office trinent as registered agent. I am	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	DECKMATH ID C	DELETE	f. 1 TITLE		XX Change Addition	
NAME	BECKWITH, JR. C 1044 CASTELLO DR #211		1.2 NAME	Beckwith, Jr., C. Go		
STREET ADDRESS	NAPLES FL		1.3 STREET ADDRESS	7777777	Ji Halij	
CiTY-ST-ZiP	TWO LLO I L		1.4 CITY~ST-ZIP		ľ	
THILE	The control of the co	DELETE	2.1 NTLE	Treasurer	Change K Addition	
NAME			2.2 NAME .	Booth, Louisa O.		
STREET ADDRESS			2.3 STREET ADDRESS	1044 Castello Drive,	Suite 211	
CITY-ST-ZIP TITLE		Prog. D.P. C.V.	24 CHY-ST-ZIP	Naples, FL 33940		
NAME		DECETE	3 1 TITLE	Senior Vice Presiden	t Change X Addition	
			3 2 NAME	Barnes, Donald E.		
STREET ADDRESS			3.3. STREET ADDRESS	1044 Castello Drive,	Suite 211	
CITY-ST-ZIP TITLE		The receive	3.4 CITY - ST - ZIP	Naples, FL 33940		
NAME		☐ DELETE	4. 1 TITLE	Vice President	Change 🛣 Addition	
STREET ADDRESS			4.2 NAME	Field, Scott A.	ŀ	
CITY - ST - ZIP			4.3 STREET ADDRESS	1044 Castello Drive,	Suite 211	
TITLE		[] DELETE	4.4 CITY - ST - ZIP	Naples, FL 33940		
NAME		ניין טנינניונ	5. 1 T(TLE		Change Addition	
STREE! ADDRESS			5 2 NAME	المنافر المنافر المنافر المنافر والمنافر والمنافر والمنافر والمنافر	4 4 4 4 4 4 4	
CITY-SI-ZIP			5 3 STREET ACORES	ေ	4522	
TITLE		DELETE	5.4 CITY - ŞT - ZIP 6.1 TITLE	-05/22/9601037		
NAME		LI WELCH	6.2 NAME	***200.00	Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		al m	
	certify that the information supplied	with this filing is voluntarily fumi	shed and does not qualify	for the exemption stated in Section 119.07(STIKE Florida Statutes Liturther	

4. 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 I he 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 cath; that I am an officer or director of the comparation of the comparation of trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed to a signature with an address.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

941-434-0909

Date Daylime Phone 4

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