

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000062183 (7)**

1. Corporation Name

GATLIN AVE. DEVELOPERS, INC.



Principal Place of Business

**608 EAST CENTRAL BLVD.
ORLANDO FL 32801**

Mailing Address

**608 EAST CENTRAL BLVD.
ORLANDO FL 32801**

3. Date Incorporated or Qualified
08/31/1993

3a. Date of Last Report
04/19/1995

2. Principal Place of Business
21 **1017 E South Street**

2a. Mailing Address
26 **1017 E South Street**

4. FEI Number
59-3199555

Applied For
Not Applicable

22 **Suite B**

27 **Suite B**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Orlando FL**

28 **Orlando FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32801**

25 **Orange**

29 **32801**

30 **Orange**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, CAREY L
390 NORTH ORANGE AVENUE
STE. 800
ORLANDO FL 32801**

81 Name

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

~~XXXXXXXXXXXXXXXXXXXX~~

83 ~~XXXXXXXXXX~~

84 City

~~XXXXXXXXXX~~

FL

85 Zip Code
32801

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HILL, CAREY L**
STREET ADDRESS **4101 WOODLYNNE LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DS** ☐ DELETE
NAME **SLEMONS, WILLIAM M III**
STREET ADDRESS **530 LAKEVIEW STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **CONOLEY, E B II**
STREET ADDRESS **3500 GATLIN AVENUE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1921 Hoffner Avenue**
1.4 CITY-ST-ZIP **Orlando FL 32809**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

407-895-5578

Daytime Phone #

CR2E034 (12/95)