

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014598 (4)**

1. Corporation Name:

GULFWIND EXOTICS, INC.

Principal Place of Business:

**7067 STANDING PINES LANE
TALLAHASSEE FL 32312-9668**

Mailing Address:

**7067 STANDING PINES LANE
TALLAHASSEE FL 32312-9668**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1994

3a. Date of Last Report

2. Principal Place of Business:

21

2a. Mailing Address:

26

4. FEI Number

59-3230733

Applied For

Not Applicable

State, April 1st:

22

State, April 1st:

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State:

23

City & State:

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip:

24

Country:

25

Zip:

29

Country:

30

8. The corporation has liability for intangible tax under E. 189.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, CHARLES L
7067 STANDING PINES LANE
TALLAHASSEE FL 32312-9668**

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 607.0602 and 607.1508, Florida Statutes, the above named corporation solemnly states for the purpose of changing its registered office or registered agent in 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 a resident of the State of Florida and accept the obligations of Sections 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS	
12.1 NAME STREET ADDRESS CITY, STATE, ZIP	Charles L. Smith VICE PRESIDENT 7067 Standing Pines Lane Tallahassee, FL 32312
12.2 NAME STREET ADDRESS CITY, STATE, ZIP	JUDITH D. SMITH SECRETARY 7067 Standing Pines Lane Tallahassee, FL 32312
12.3 NAME STREET ADDRESS CITY, STATE, ZIP	GARY L. SMITH PRESIDENT 7012 Oxbow Rd Tallahassee, FL 32312
12.4 NAME STREET ADDRESS CITY, STATE, ZIP	JUDITH S. Smith TREASURER 7112 Oxbow Rd Tallahassee, FL 32312
12.5 NAME STREET ADDRESS CITY, STATE, ZIP	
12.6 NAME STREET ADDRESS CITY, STATE, ZIP	
12.7 NAME STREET ADDRESS CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 189.032 and 189.033, Florida Statutes. I further certify that the information is filed on the 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. 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 of this filing as an attachment with an address.

SIGNATURE:

Charles L. Smith
SIGNATURE AND PRINTED OR PHOTOCOPIED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

904-893-3940