

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **P94000035906 (4)**

1. Corporation Name

R.H.GILLMOR INC.



Principal Place of Business

**97300 O/S HWY
SUITE 2
KEY LARGO FL 33037
US**

Mailing Address

**31 SILVER SPRING DR
KEY LARGO FL 33037
US**

2. Principal Place of Business

21 **31 Silver Spring Dr.**

Suite, Apt. #, etc.

22 City & State

23 **Key Largo, FL.**

Zip

24 **33037**

Country

25 **US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 **33037**

Country

30 **US**

3. Name and Address of Current Registered Agent

**GILLMOR, RICHARD H
31 SILVER SPRING DR
KEY LARGO FL 33037**

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

06/16/1995

4. FEI Number

65-0490952

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

10. Name and Address of New Registered Agent

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 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this statement

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GILLMOR, RICHARD H	
STREET ADDRESS	31 SILVER SPRINGS DR	
CITY-STATE-ZIP	KEY LARGO FL	
TITLE	VP	☐ DELETE
NAME	GILLMOR, JUDITH K	
STREET ADDRESS	31 SILVER SPRINGS DR	
CITY-STATE-ZIP	KEY LARGO FL	
TITLE	T	☐ DELETE
NAME	GILLMOR, ELIZABETH	
STREET ADDRESS	31 SILVER SPRINGS DR	
CITY-STATE-ZIP	KEY LARGO FL	
TITLE	S	☐ DELETE
NAME	GILLMOR, SUSAN L	
STREET ADDRESS	31 SILVER SPRINGS DR	
CITY-STATE-ZIP	KEY LARGO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-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(9)(5), 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

Richard H. Gillmor 3/4/96 (305) 453 0340

CR2E034 (12/95)