FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:15

DOCUMENT # **P94000036412 (2)**

1. Corporation Name
THE GANGPLANK, INC.

Principal Place of Business	Mailing Address
412 NORTH HALIFAX AVE. DAYTONA BEACH FL 32118	412 NORTH HALIFAX AVE. DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21 P.O. Box 3981
Suite, Apt. #, etc. 22
City & State 23 Ocala, FL
Zip 24 34478-3981 Country 25 Marion

2a. Mailing Address
26 P.O. Box 3981
Suite, Apt. #, etc. 27
City & State 28 Ocala, FL
Zip 29 34478-3981 Country 30 Marion

4. FEI Number 59-3308340 ☐ 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

9. Name and Address of Current Registered Agent

BORNS, LAWRENCE W
412 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name: Suzanne N. Slaughter
82 Street Address (P.O. Box Number is Not Acceptable): 1458 S.W. 42nd Street
83
84 City: Ocala FL 85 Zip Code: 34474

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: Suzanne N. Slaughter Jr. 6-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President & Director	☒ Change ☐ Addition
NAME	MEADOWS, MELISSA	12 NAME	Landford T. Slaughter	
STREET ADDRESS	412 NORTH HALIFAX AVE.	13 STREET ADDRESS	1458 S.W. 42nd Street	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	14 CITY-ST-ZIP	Ocala, Florida 34474	
TITLE		21 TITLE	Vice-Presi.&Director	☒ Change ☐ Addition
NAME		22 NAME	Charles Williams, Jr.	
STREET ADDRESS		23 STREET ADDRESS	130 Riverside Drive	
CITY-ST-ZIP		24 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		31 TITLE	Secretary & Director	☒ Change ☐ Addition
NAME		32 NAME	Suzanne N. Slaughter	
STREET ADDRESS		33 STREET ADDRESS	1458 S.W. 42nd Street	
CITY-ST-ZIP		34 CITY-ST-ZIP	Ocala, Florida 34474	
TITLE		41 TITLE	Treasurer	☒ Change ☐ Addition
NAME		42 NAME	Linda A. Williams	
STREET ADDRESS		43 STREET ADDRESS	130 Riverside Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Charles Williams Jr. June 16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000021 CP