# 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 # P95000042555 (9)

1. Corporation Name

**GILFORD & ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5056 CYPRESS TRACE DR.<br>TAMPA FL 33624 | 5056 CYPRESS TRACE DR.<br>TAMPA FL 33624 |

3. Date Incorporated or Qualified: 06/01/1995

3a. Date of Last Report:

4. FEI Number: 59-3320149 ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

**10. Name and Address of New Registered Agent**

81 Name: THEODORE GILFORD
82 Street Address (P.O. Box Number is Not Acceptable): 5056 CYPRESS TRACE DR.
83
84 City: TAMPA FL 85 Zip Code: 33624

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: Theodore Gilford THEODORE GILFORD - PRESIDENT 4-4-96
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, Typed or Printed) (Title of Registered Agent or Officer, if Applicable) (Registered Agent Signature Required When Changing) (DATE)

**12. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|---|---|---|---|---|
| PSTD | GILFORD, THEODORE | 5056 CYPRESS TRACE DR. | TAMPA FL 33624 | ☐ DELETE |
| | | | | ☐ DELETE |
| | | | | ☐ DELETE |
| | | | | ☐ DELETE |
| | | | | ☐ DELETE |
| | | | | ☐ DELETE |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | | | |
|---|---|---|---|---|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

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:** Theodore Gilford THEODORE GILFORD/PRESIDENT 4-4-96 813-265-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)