

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mordam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000055649 (4)

1. Corporation Name

GORTY'S, INC.



Principal Place of Business

5460-C RIVERFRONT DRIVE
BRADENTON FL 34208

Mailing Address

5460-C RIVERFRONT DRIVE
BRADENTON FL 34208

2. Principal Place of Business

21 7212 CORTEZ ROAD W.

Suite, Apt., Etc.

22

City & State

23 BRADENTON, FLORIDA

Zip

24 34210

Country

25 MANATEE

2a. Mailing Address

26 7212 CORTEZ ROAD W.

Suite, Apt., Etc.

27

City & State

28 BRADENTON, FLORIDA

Zip

29 34210

Country

30 MANATEE

9. Name and Address of Current Registered Agent

GORT, GREGORY J
7212 CORTEZ RD. WEST
BRADENTON FL 34210

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

4. FET Number

65-0595803

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
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 607.04(2) and 607.15(1)(b), 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, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligation of, Sections 607.04(2), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
PSTD	GORT, GREGORY J	5460C RIVERFRONT DRIVE	BRADENTON FL 34208	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is valid, true, and correct and does not qualify for the exemption stated in Section 119.07(3)(b), 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

4/16/96

941-795-8190

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