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 # P95000089448 (1)

1. Corporation Name

GAFFNEY HOLDINGS LTD., INC.

Principal Place of Business
P.O. BOX 5869
SUN CITY CENTER FL 33571-5869

Mailing Address
P.O. BOX 5869
SUN CITY CENTER FL 33571-5869

	3. Date Incorporated or Qualified **11/15/1895**	3a. Date of Last Report

			4. FEI Number **59-3350731**		Applied For
2. Principal Place of Business		2a. Mailing Address			Not Applicable
21	2091 Ocean View Drive	26	2091 Ocean View Drive		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22		27			
	City & State		City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	Tierra Verde Florida	28	Tierra Verde Florida		
	Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No
24	33715	25	29	33715	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
PYLE, TERRENCE F 707 DEL WEBB BLVD. SUN CITY CENTER FL 33573	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 607.0502 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: _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☒ DELETE	1.1 TITLE **P / S / T / D**	☐ Change ☒ Addition
NAME **PYLE, TERRENCE F**		1.2 NAME **GAFFNEY, Cory G.**	
STREET ADDRESS **P.O. BOX 5869**		1.3 STREET ADDRESS **2091 Ocean View Drive**	
CITY-ST-ZIP **SUN CITY CENTER FL 33571-5869**		1.4 CITY-ST-ZIP **Tierra Verde Florida 33715**	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #