

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000021386 (3)

1. Corporation Name

GORCYN CONSTRUCTIONS, INC.

Principal Place of Business

3400 S TAMiami TRAIL SUITE 303
SARASOTA FL 34239

Mailing Address

3400 S TAMiami TRAIL SUITE 303
SARASOTA FL 34239-6023

2. Principal Place of Business

21 3676 WEBER ST.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FL.

Zip

24 34232

Country

25 SARASOTA

2a. Mailing Address

26 3676, WEBER ST.

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FL

Zip

29 34232

Country

30 SARASOTA

3. Date Incorporated or Qualified

03/08/1996

3a. Date of Last Report

4. FEI Number

65-0648996

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

JAENSON, PETER J
3400 S TAMiami TRAIL SUITE 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

ALAN WARREN

82 Street Address (P.O. Box Number is Not Acceptable)

83 5918. GOLDEN ROAD

84 City SERRING

FL

85 Zip Code

33872

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GREENWOOD, GORDON

STREET ADDRESS 381 MCLEOD ST

CITY-ST-ZIP CAIRNS, QLD 4870

TITLE D ☐ DELETE

NAME GREENWOOD, CYNTHIA

STREET ADDRESS 381 MCLEOD ST

CITY-ST-ZIP CAIRNS, QLD 4870

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

3.11.97 (911)922205

CR2E034 (9/96)