

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:57

DOCUMENT # S07718 (7)

1. Corporation Name

GULFSTREAM INVESTMENT & FINANCE, INC.

Principal Place of Business

**4505 SOUTH GOLDENROD ROAD
ORLANDO FL 32812**

Mailing Address

**4505 SOUTH GOLDENROD ROAD
ORLANDO FL 32812**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1990

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3101935

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, TOMPKINS A.
20 NORTH ORANGE AVE., SUITE 600
ORLANDO FL 32801**

01 Name

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

03

04 City

FL

05 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, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WHITTINGTON, DALE
4505 SO. GOLDENROD RD.
ORLANDO FL**

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ZIEGLER, JACK
4505 SO. GOLDENROD RD.
ORLANDO FL**

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP
☐ Change ☐ Addition

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 199.02(3)(g), 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:

Dale Whittington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95
DATE

407-282-6340
TELEPHONE NUMBER