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

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:22

DOCUMENT # S26751 (5)

1. Corporation Name
W.R. GIFFORD AND ASSOCIATES REAL ESTATE AND INVESTMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18937 MAPLELEAF DR<br>HUDSON FL 34667<br>US | 18937 MAPLELEAF DR<br>HUDSON FL 34667<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/22/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 8245 State Rd 7
22 Suite, Apt. #, etc.
23 City & State: Boynton Beach, Fl.
24 Zip: 33437
25 Country: Palm Beach, Fl

2a. Mailing Address
26 P.O. Box 3029
27 Suite, Apt. #, etc.
28 City & State: Boynton Beach, Fl
29 Zip: 33424
30 Country: Palm Beach

4. FEI Number: 59-1616442 ☐ 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

GIFFORD, WILLIAM R.
18937 MAPLE LEAF
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: William R. Gifford
82 Street Address (P.O. Box Number is Not Acceptable): 6637 Pine Meadow DR.
83
84 City: Spring Hill, Fl. FL 85 Zip Code: 34606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PVT | 1.1 TITLE | PVT | ☒ Change ☐ Addition |
| NAME | GIFFORD, W.R. | 1.2 NAME | Gifford, W. R. | |
| STREET ADDRESS | 21 REDBAY CT WEST | 1.3 STREET ADDRESS | 6637 Pine Meadow DR | |
| CITY-ST-ZIP | HOMOSASSA FL | 1.4 CITY-ST-ZIP | Spring Hill, Fl. 34606 | |
| TITLE | | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 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)(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: William R. Gifford P.V.T. 3-6-95 904-666-0535
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0385003 CR