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

APPROVED AND FILED
95 MAY -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S77813** **(1)**

1. Corporation Name
B & W OF GULF BREEZE, INC.

Principal Place of Business	Mailing Address
2548 GULF BREEZE PKWY GULF BREEZE FL 32561-3044	2548 GULF BREEZE PKWY GULF BREEZE FL 32561-3044

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1991
3a. Date of Last Report: 09/27/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 59-3082049 ☐ 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

JORDAN, HARVEY
2548 GULF BREEZE PKWY
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: KRYSTEN D. HALLETT
82 Street Address (P.O. Box Number is Not Acceptable): 2548 GULF BREEZE PKWY
83
84 City: GULF BREEZE FL 85 Zip Code: 32561

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: Krysten D. Hallett 5/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DWNER (PRESIDENT) ☒ Change ☐ Addition
NAME	JORDAN, HARVEY D	1.2 NAME	KRYSTEN D. HALLETT
STREET ADDRESS	2548 GULF BREEZE PARWKAY	1.3 STREET ADDRESS	2548 GULF BREEZE PKWY
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561
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	300001510310 ☐ Change ☐ Addition
NAME		3.2 NAME	-06/20/95--01121--003
STREET ADDRESS		3.3 STREET ADDRESS	****200.00 ****200.00
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	**REMITTED BY MAY 1**
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/1/95 MF

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: Krysten D. Hallett KRYSTEN D. HALLETT 5/1/95 (904) 934-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360045 CP