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 # **V26080** **(4)**

1. Corporation Name

GAUSE & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
ONE SARASOTA TOWER, SUITE 404 TWO NORTH TAMIAMI TRAIL SARASOTA FL 34236	ONE SARASOTA TOWER, SUITE 404 TWO NORTH TAMIAMI TRAIL SARASOTA FL 34236

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 1717 Second St.
22 Suite, Apt. #, etc.: #G
23 City & State: Sarasota, FL
24 Zip: 34236
25 Country: USA

2a. Mailing Address
26: 1717 Second ST
27 Suite, Apt. #, etc.: #G
28 City & State: Sarasota, FL
29 Zip: 34236
30 Country: USA

4. FEI Number: 65-0324180 ☐ 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

GAUSE, PEYTON W
ONE SARASOTA TOWER, SUITE 404
TWO NORTH TAMIAMI TRAIL
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1717 Second St.
83: Suite #G
84 City: Sarasota FL 85 Zip Code: 34236

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] DATE: 5/13/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUSE, W. PEYTON JR. TWO NORTH TAMIAMI TRAIL, SUITE 404 SARASOTA FL 34236 ☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	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 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] 5/13/96 941-365-8844

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

CR2E034 (12/95)