

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Jeffrey A. Ford, Secretary

APPROVED
FILED

MAY 11 1995

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33785

(9)

1. Corporation Name

GFR ONE CORP.

DO NOT WRITE IN THIS SPACE

Principal Office Address
**231-A DOUGLAS ROAD EAST
SUITE 1
OLDSMAR FL 34677**

Alternate Office Address
**231-A DOUGLAS ROAD EAST
SUITE 1
OLDSMAR FL 34677**

3. Date Incorporated or Created **05/05/1992** 3a. Date of Last Report **07/06/1994**

4. FEI Number **59-3124706** 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**

7. Does corporation have liability for election campaign contributions under Florida Statutes ☐ Yes ☒ No

2. Principal Office Telephone

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2a. Mailing Address

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2b. Mailing Address

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2c. Mailing Address

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2d. Mailing Address

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROEFARO, GENE
231A DOUGLAS ROAD E
SUITE 1
OLDSMAR FL 34677**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 220.01, 220.02 and 220.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in part of 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 further warranted to accept the appointment of the firm or individual named below.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
PVST ROEFARO, GENE R 20 WOOD GLEN CT OLDSMAR FL 34677				
NAME				
STREET ADDRESS				
CITY				
STATE				
ZIP				
NAME				
STREET ADDRESS				
CITY				
STATE				
ZIP				
NAME				
STREET ADDRESS				
CITY				
STATE				
ZIP				
NAME				
STREET ADDRESS				
CITY				
STATE				
ZIP				

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME					☐	☐
STREET ADDRESS					☐	☐
CITY					☐	☐
STATE					☐	☐
ZIP					☐	☐
NAME					☐	☐
STREET ADDRESS					☐	☐
CITY					☐	☐
STATE					☐	☐
ZIP					☐	☐
NAME					☐	☐
STREET ADDRESS					☐	☐
CITY					☐	☐
STATE					☐	☐
ZIP					☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 220.01(1)(b), Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report as true and accurate and that my corporation shall keep the same legal office as it made under penalty that I am an officer or director of the corporation or the receiver or trustee responsible to execute this report as required by Chapter 220, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed or as newly added, with an address.

SIGNATURE: *Gene Roefaro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/95

913 854-9394