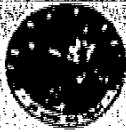


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra R. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V40684 (5)

1. Corporation Name

THE GOLDEN ANCHOR INN, INC.

Principal Place of Business

6403 ROOSEVELT BLVD
JACKSONVILLE FL 32244

Mailing Address

6403 ROOSEVELT BLVD
JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/29/1992** 3a. Date of Last Report **06/08/1994**

4. Fed Number **59-3126680** 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 (32), Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business		2a. Mailing Address	
21		26	
State Apt. #, etc.		State Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
24	25	29	30

9. Name and Address of Current Registered Agent

**POPPELL, ROBERT M.
571 CODY DR
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	5104 Blackburn Rd.
84	Jacksonville, Florida
85	City
86	FL 32210

11. Pursuant to the provisions of Sections 607.05(2) 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 required in person before a disinterested agent and before a notary public)

(Signature required after incorporation)

(Date)

12. OFFICERS AND DIRECTORS		13. VICE PRES. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Deborah Anne Poppell ☐ Change ☒ Addition
NAME	GARZA, GEORGE	1.2 NAME	GARZA
STREET ADDRESS	BROKEN ARROW DR	1.3 STREET ADDRESS	5197 Broken Arrow
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	Jacksonville, Fla 32244
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 substantially true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recorder or auditor empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

Deborah Anne Poppell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95
Date

Telephone No.

904-771-5387