

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Withum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

50 MAY - 1 1996
TALLAHASSEE, FLORIDA

DOCUMENT # **V42059** (8)

1. Corporation Name

GREGSON INVESTMENTS, INC.

Principal Place of Business
**1654 D S.E. WALTON RD.
PORT ST. LUCIE FL 34952
US**

Mailing Address
**1654 D S.E. WALTON RD.
PORT ST. LUCIE FL 34952
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/08/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0345026** 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**

6. This corporation has liability for a change of fee under § 190.632, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**GREGSON, MERVYN E.
1037 S.W. SULTAN DRIVE
PORT ST. LUCIE FL 34953**

10. Name and Address of New Registered Agent

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 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

Agent for the corporation (registered agent and the registered agent)

Agent for the corporation (registered agent and the registered agent)

LAH

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GREGSON, MERVYN E.	1.2 NAME	
STREET ADDRESS	1037 SW SULTAN DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ST. LUCIE FL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	GREGSON, MARGARET H	2.2 NAME	
STREET ADDRESS	1037 SW SULTAN DR	2.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ST. LUCIE FL	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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.02(3)(b), Florida Statutes. I further certify that the information included 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. 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 on Block 12 or Block 13 or both, or as an attachment with an address.

SIGNATURE:

Mervyn E. Gregson
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Mervyn E. Gregson

4.26.95

1-407-335-0533