

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montanari
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

JUN 23 1995 15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V45751** (7)

To Corporation Name:

GRYPHON CAPITAL MANAGEMENT COMPANY

Principal Place of Business:

**2721 INGEBOG COURT
WINDERMERE FL 34786**

Mailing Address:

**2721 INGEBOG COURT
WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

City & State

City & State

24

25

Country

29

30

Country

4. FEI Number

59-3134557

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

**COCHRANE, STEPHEN LOGAN
2721 INGEBOG COURT
WINDERMERE FL 34786**

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 607.0507 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Agent or Director, Officer or Registered Agent, as applicable

Signature of Registered Agent (Signature Required when Notifying)

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY & STATE

12.2

NAME

STREET ADDRESS

CITY & STATE

12.3

NAME

STREET ADDRESS

CITY & STATE

12.4

NAME

STREET ADDRESS

CITY & STATE

12.5

NAME

STREET ADDRESS

CITY & STATE

12.6

NAME

STREET ADDRESS

CITY & STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY & STATE

13.2

NAME

STREET ADDRESS

CITY & STATE

13.3

NAME

STREET ADDRESS

CITY & STATE

13.4

NAME

STREET ADDRESS

CITY & STATE

13.5

NAME

STREET ADDRESS

CITY & STATE

13.6

NAME

STREET ADDRESS

CITY & STATE

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 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 in person by me. I am an officer or director of the corporation or the successor or predecessor incorporated to prepare this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an addendum with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

STEPHEN COCHRANE

5-18-95

407-292-4544