

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PM 12: 30

DOCUMENT # V55026

(1)

1. Corporation Name

G.O. INVESTMENTS, INC.

Principal Place of Business

**M.M. 83.5 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

Mailing Address

**1711 MASON TERRACE
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/04/1992** 3a. Date of Last Report **08/31/1994**

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number
65-0349960

Applied For
Not Applicable

Subs. Apt. # etc.

Subs. Apt. # etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLNEY, GARY
1711 MASON TERRACE
MELBOURNE FL 33036**

01 Name

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

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.07(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 607.0509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when changing registered agent)

(Signature of Registered Agent required when changing registered office)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME **P OLNEY, GARY J**
2. STREET ADDRESS **1711 MASON TERRACE**
3. CITY, ST, ZIP **MELBOURNE FL 33036**

4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

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25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP

28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

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30. NAME ☐ Change ☐ Addition

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(1), Florida Statutes. I further certify that the information included in this report is not an application for a change of registered office or registered agent 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 registered agent designated to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers, directors, or registered agents on the report.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Olney

1-9-95

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