

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V58227

(2)

1. Corporation Name

FLORIDA GULF ATLANTIC INVESTMENTS, INC.

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

Principal Place of Business

4206 GROVE PARK LANE
LANTANA FL 33462
US

Mailing Address

4206 GROVE PARK LANE
LANTANA FL 33462
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1992

3a. Date of Last Report

06/28/1994

4. FBI Number

65-0377985

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 10897 154th ROAD NORTH
Suite, Apt. #, etc.

2a. Mailing Address

26 10897 154th ROAD NORTH
Suite, Apt. #, etc.

City & State

23 JUPITER FL

City & State

28 JUPITER FL

Zip

24 33478

Country

25 USA

Zip

29 33478

Country

30 USA

9. Name and Address of Current Registered Agent

SPRIGGS, DEIN P.
4206 GROVE PARK LANE
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

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

10897 154th ROAD NORTH

83

84 City

JUPITER

FL

85 Zip Code

33478

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

Signature (typed or printed name of registered agent and title of office)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SPRIGGS, DEIN P.
STREET ADDRESS	4206 GROVE PARK LANE
CITY, ST, ZIP	LANTANA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	SPRIGGS, DEIN P.	
1.3 STREET ADDRESS	10897 154 th ROAD NORTH	
1.4 CITY, ST, ZIP	JUPITER, FL 33478	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(g), 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 under oath, that 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 in Block 12 or Block 13 if checked off in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEIN P. SPRIGGS

6-16-95

407 575-7274