

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V69466** (3)

1. Corporation Name
GUSTAFSON FAMILY ENTERPRISES, INC.

Principal Place of Business

**3950 DAKOTA AVE.
COCOA FL 32926**

Mailing Address

**3950 DAKOTA AVE.
COCOA FL 32926**

APPROVED
AND
FILED

20 MAY - 1 AM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified) 10/05/1992		3a. Date of Last Report 04/25/1994	
4. FEI Number 59-3146331		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 (3)(2), Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent GUSTAFSON, DIANA L. 3950 DAKOTA AVE. COCOA FL 32926				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 (0502), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	P GUSTAFSON, GREGORY A 3950 DAKOTA AVE COCOA FL	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	ST GUSTAFSON, DIANA 3950 DAKOTA AVE COCOA FL	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.7 NAME STREET ADDRESS CITY, ST, ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.8 NAME STREET ADDRESS CITY, ST, ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	☐ 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 law bars 119 (02)(b)(i), 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 and shall be subject to the same penalties as if it were the signature of the officer or director of the corporation or the officer or director engaged to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or both, as required, or on an attachment with an address.

SIGNATURE:

Diana L. Gustafson
SIGNATURE AND FULL OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
Diana L. Gustafson

4/27/95 407-632-7915