FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

732893

(3)

FILED
May 21 1997 8:00am
Secretary of State

THE GULF SUNCOAST BONS VIVANTS, INC.						
Principal Place of Business Mailing Address					\dashv	
4300 Central Ave. 4300 Central Ave. St Petersburg FL 33711 St Petersburg FL 33711					a. Date incorporated of Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					05/30/1975 4. FEI Number	03/08/1996 Applied For
2126					59-3092406	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			~		5. Certificate of Status Desired	\$8.75 Additional
22						Fee Required
23 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
Duc	CAD DOLEE D			o i Name		_
DUGGAR, ROLFE D. Attorney At Law				82 Street Add	dress (P.O. Box Number is Not Acceptat	Die)
#4300 Central Ave.				83		
St. Petersburg FL 33711			ŀ	B4 City		
P			1			FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617.0503, Florida Statutes.						
SIGNATURE Signature: typod or ponted name of registered agent and title if applicable [NOTE flegistered Agent agenture required when relinstating] DATE						
12.	OFFICERS AND		13.	Agoni e gnato e requ	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME	NICHOLAS BOURG		1 2 NA	ME		1
STREET ADDRESS	REET ADDRESS 1484 S. Hercules Ave			REET ADDRESS		\
CITY-ST-ZIP	Clearwater FL 34	624		Y-ST-ZIP		
TITLE	1VPD	DELETE	2.1 117			☐ Change ☐ Addition
NAME CIDEL FORDERS	JUNE NAYLOR		2.2 NA	J		
STREET ADDRESS CITY-ST-ZIP	13112 North Boul	evard		REET ADDRESS FY-ST-ZIP		
TITLE	Tampa FL 33612	DELETE	2. 4 UI 3.1 TIT			Change Addition
NAME	SVP EVELYN ROBBINS		3.2 NA			
STREET ADDRESS	8649 N Himes Ave	#819	3.3 STF	REET ADDRESS		
CITY-ST-ZIP	Tampa FL 33614			Y-ST-ZIP		
TITLE	SD	☐ DELETE	4 1 TIT			Change Addition
NAME	BEVERLY J. KIME		4 2 NA			\
STREET ADDRESS	1757 Castle Rock	RD		REET ADDRESS		1
CITY-ST-ZIP	Tampa FL 33612	DELETE	4.4 C(1	Y - \$T - ZIP	011	Change Addition
NAME	TD	Service Comments	52 NA		y_{μ}) / 1 = 1 market
STREET ADDRESS	LORRAINE DAVIS			REET ADDRESS	K 1,	\(\)
CITY-ST-ZIP	4814 Mendenhal 1	Drive	f	Y-ST-ZIP	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	^
TITLE	Tampa FL 33603	DELETE	6.1 TIT	.E	رية فين خيرت فينية فينية فينية فينية فينية الأينية الأينية. [Change Addition
NAME			6.2 NAI	ME	20000220 -06/04/97010	120058 17007€
STREET ADDRESS				EET ADDRESS	***61.25	100
CITY-ST-ZIP	by certify that the information availant	with this filing does not a		Y-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute	n I further certify that the
information	on indicated on this annual report or ea	mar trio ming bods not gr	is true and a	source and the	is in escular in alongally, rionus statutes at my signatura shall have the come look	I offect as if made under eath; that

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statules. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LANGUAGE LOPRAINE Julis, TREASURER, 3/26/97 8/38752085