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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732893

1. Corporation Name

THE GULF SUNCOAST BONS VIVANTS, INC.

Principal Place of Business

4300 CENTRAL AVE.
ST PETERSBURG FL 33711

Mailing Address

4300 CENTRAL AVE.
ST PETERSBURG FL 33711



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/30/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3092406	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

DUGGAR, ROLFE D.
ATTORNEY AT LAW
4300 CENTRAL AVE.
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BROOKS, JAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11452-82ND AVENUE N.	1.2 NAME	
STREET ADDRESS	SEMINOLE FL 33772	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD O'CONNOR, EDWARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	224 SUN VISTA COURT	2.2 NAME	
STREET ADDRESS	TREASURE ISLAND FL 33706	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP ROBBINS, EVELYN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8649 N HIMES AVE #819	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD BEVERLY J. KIME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1757 CASTLE ROCK RD.	4.2 NAME	
STREET ADDRESS	TAMPA FL 33612	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD LORRAINE DAVIS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4814 MENDENHALL DRIVE	5.2 NAME	
STREET ADDRESS	TAMPA FL 33603	5.3 STREET ADDRESS	SAME
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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, with all other like empowered.

SIGNATURE: LORRAINE DAVIS 2/20/99 813 875 2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)