

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G83483 (9)**  
1. Corporation Name  
**GULF-TO-LAKES REAL ESTATE, INC.**



Principal Place of Business: P.O. BOX 10000, CRYSTAL RIVER FL 34423 US  
Mailing Address: P.O. BOX 10000, P.O. DRAWER 10000, CRYSTAL RIVER FL 34423 US

3. Date Incorporated or Qualified: **02/07/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2406367**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**CARMAN, JAMES, W  
6142 W CORPORATE OAKS DR  
CRYSTAL RIVER FL 34429**

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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OLSEN, STANLEY C.	
STREET ADDRESS	6142 W CORPORATE OAKS DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	CARMAN, JAMES W	
STREET ADDRESS	6142 W CORPORATE OAKS DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STEINER, HAROLD	
STREET ADDRESS	6142 W CORPORATE OAKS DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SELFRIDGE, MELISSA J.	
1.3 STREET ADDRESS	6142 W. CORPORATE OAKS DRIVE	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARMAN, JAMES W.	
2.3 STREET ADDRESS	6142 W. CORPORATE OAKS DRIVE	
2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOORE, EDWARD L. JR.	
3.3 STREET ADDRESS	6142 W. CORPORATE OAKS DRIVE	
3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **4/29/96** Daytime Phone #: **352-795-2505**

CR2E034 (12/95)