

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30955 (1)

1. Corporation Name
GULF HIGHLANDS I, INC.

Principal Place of Business 10997 HUTCHISON BLVD PANAMA CITY BEACH FL 32407 US	Mailing Address C/O STL ENTERPRISES 1750 FRANKFORD AVE. #F PANAMA CITY FL 32405-2648 US
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3. Date Incorporated or Qualified
03/01/1989

4. FEI Number
59-3024723

Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HESS, GLENN L.
 9108 FRONT BEACH RD.
 PANAMA CITY BEACH FL 32408**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SMITHSON, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10997 HUTCHISON BLVD	1.2 NAME	
STREET ADDRESS	PANAMA CITY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD GEIL, EARL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10997 HUTCHISON BLVD	2.2 NAME	
STREET ADDRESS	PANAMA CITY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD PARIS, KERMIT A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10997 HUTCHISON BLVD	3.2 NAME	
STREET ADDRESS	PANAMA CITY BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MURPHY, JAMES	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10997 HUTCHISON BLVD	4.2 NAME	
STREET ADDRESS	PANAMA CITY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD MEADOWS, WILLIAM A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10997 HUTCHISON BLVD	5.2 NAME	
STREET ADDRESS	PANAMA CITY FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD GIBBONS, JEANETTE D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1750 FRANKFORD AVE, #F	6.2 NAME	
STREET ADDRESS	PANAMA CITY FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4.1 TITLE Change Addition

4.2 NAME **Marvin Dietze**

4.3 STREET ADDRESS **426 Binker St.**

4.4 CITY-ST-ZIP **Bellevue, OH 44811**

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.

SIGNATURE: *Jeanette D. Gibbons* **Jeanette D. Gibbons** 4/18/98 (850)769-4091

TREAS.

CR2E037 (10/97)