


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90242 039 ****61.25

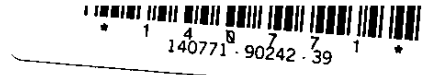
000892

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N30955

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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26 <i>C/O Wm Sheppard CPA PA</i>	3. Date Incorporated or Qualified 03/01/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>201 E 4th Street</i>	4. FEI Number 59-3024723
City & State 23	City & State 28 <i>Panama City FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <i>32401</i>	Country 30	

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	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITHSON, ROBERT	
STREET ADDRESS	10997 HUTCHISON BLVD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIETZE, MARVIN	
STREET ADDRESS	426 BINKER STREET	
CITY-ST-ZIP	BELLEVUE OH 44811	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEADOWS, WILLIAM A	
STREET ADDRESS	10997 HUTCHISON BLVD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GIBBONS, JEANETTE D	
STREET ADDRESS	1750 FRANKFORD AVE. #F	
CITY-ST-ZIP	PANAMA CITY FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>TD W.M. Sheppard</i>
4.3 STREET ADDRESS	<i>201 E 4th Street</i>
4.4 CITY-ST-ZIP	<i>Panama City FL 32401</i>
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 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 an other like empowered.

SIGNATURE: _____ DATE: *2/9/99* (850) 747-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)