-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000106968**1. Corporation Name

GULFSCAPE DESIGNS, INC.

	e of Business	Mailing Address			- I IODANODA ISA SOSA CRANCAGAN	anic salat side AditA	#110 18119 BLIDT #814 1001
5416 HWY. 98	WEST	112 VAL MONTE LANE					
SANTA ROSA BEACH FL 32459 GUNTERSVILLE AL 35976							
		US			DO NOT WE	RITE IN THIS SPAC	CE
					3. Date Incorporated or Qualifed	<u> </u>	
					12/19/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			63-1190276	ŀ	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8	3.75 Additional
22		27			5. Certifcate of Status Desired		Fee Required
City & Stat	le ,	City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Country	/	8. This corporation owes the cu		
24	25	——————————————————————————————————————	30		Personal Property Tax.	ireni year intangibi ∐Y	
	9. Name and Address of Currer		30		10. Name and Address of New		
	######################################		81	Name	To the started of the	registered rigeri	
DOV	VNY STEPHEN M	and the same of the same of					
GUL 5416	B HWY. 98 WEST		82	Street Addre	ess (P.O. Box Number is Not Accep	table)	
SANTA ROSA BEACH FL 32459		83	ļ. 	1 and 1 and 1 and 1 and 1 and 1 and 2 and	one action to be action at	ile ioni analian nai	
J			03				
· ·			84	City	massman til gangt glade. Skiger g side i kan terkeraka kemba dimetit i	85	Zip Code
		<u> </u>				FLI	· '
Sharpfice of r	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida Statute:	s, the above	e-named corporation	oration submits this statement for the	e purpose of chang	ing its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes	ine corporatio	ars board or offectors. Thereby acce	spi tile appointmen	it as registered
SIGNATURE	•						
		•					
<u> </u>	Signature, typed or printed name of registered ager		Registered Ager	nt signature required	when reinstating) (() () ()	DATE	
12.	OFFICERS AN	ID DIRECTORS	Registered Ager	nt signature required	when reinstating)) 1007 ADDITIONS/CHANGES TO O		RECTORS IN 12
12.	OFFICERS AN		_	nt signature required	ADDITIONS/CHANGES TO O	FFICERS AND DIF	RECTORS IN 12 hange
	P DOWDY, STEPHEN M	ID DIRECTORS	13.	nt signature required		FFICERS AND DIF	
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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 607, 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.

□ DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90001 039 ***150.00

256.533.9105

☐ Addition

Change