FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # **346484** **(9)**

1. Corporation Name

GULF HILLS HEALTH AND RECREATION INC

Principal Place of Business	Mailing Address
HIGHWAY 30A P.O. BOX 1160 SANTA ROSA BEACH FL 32459	HIGHWAY 30A P.O. BOX 1160 SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/20/1969**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-0918418** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CURRIE, HOWARD F.
~~RT 7, BOX 937~~ 201 Huggins Road
DEFUNIAK SPRINGS FL 32433

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 _____ 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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	CURRIE, HOWARD F.	12 NAME		
STREET ADDRESS	RT. 7 BOX 937	13 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL			
TITLE	V		V	☒ Change ☐ Addition
NAME	CURRIE, NEAL M.		CURRIE, NEAL M.	
STREET ADDRESS	RT 7 BOX 937	23 STREET ADDRESS	421 BOB MCCASKILL DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	24 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	WARREN, RAYMOND	32 NAME		
STREET ADDRESS	HIGHWAY 30A	33 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BCH FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE	D	☒ Change ☐ Addition
NAME	WARREN, WILMA	42 NAME	WARREN, WILMA	
STREET ADDRESS	HIGHWAY 30A	43 STREET ADDRESS	P.O. BOX 1160 (HWY 30A)	
CITY-ST-ZIP	SANTA ROSA BCH FL	44 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Howard Currie MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411476 FP