

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified
05/20/1969

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **421 BOB MCCASKILL DR.**

4. FEI Number
59-0918418

Applied For
Not Applicable

22 City & State

27 City & State
DE FUNIAK SPRINGS, FLORIDA

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

23 Zip Country

28 Zip Country
32433 WALTON

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRIE, HOWARD F
201 HUGGINS ROAD
DEFUNIAK SPRINGS FL 32433**

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

Signature, typed or printed name of registered agent and home telephone

the (10) Registered Agent's signature required after re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **EO** ☐ DELETE
NAME **CURRIE, HOWARD F**
STREET ADDRESS **201 HUGGINS ROAD**
CITY - ST - ZIP **DEFUNIAK SPRINGS FL**

TITLE **VP** ☐ DELETE
NAME **CURRIE, NEAL M**
STREET ADDRESS **421 BOB MCCASKILL DRIVE**
CITY - ST - ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **WARREN, RAYMOND**
STREET ADDRESS **HIGHWAY 30A**
CITY - ST - ZIP **SANTA ROSA BCH FL**

TITLE **D** ☐ DELETE
NAME **WARREN, WILMA**
STREET ADDRESS **P.O. BOX 1160 (HWY 30A)**
CITY - ST - ZIP **SANTA ROSA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

Neal M. Currie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL M. CURRIE

5-15-96

(904) 892-9900

Date

Daytime Phone #

CR2E034 (12/95)