

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

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **346484** (9)  
1. Corporation Name  
**GULF HILLS HEALTH AND RECREATION INC**



Principal Place of Business <b>HIGHWAY 30A P.O. BOX 1160 SANTA ROSA BEACH FL 32459</b>	Mailing Address <b>421 BOB MCCASKILL DRIVE DEFUNIAK SPRINGS FL 32433</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/20/1969</b>	
4. FEI Number <b>59-0918418</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRIE, NEAL M  
421 BOB MCCASKILL DRIVE  
DEFUNIAK SPRINGS FL 32433**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRIE, HOWARD F</b>	1.2 NAME	
STREET ADDRESS	<b>801 HUGGINS ROAD</b>	1.3 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>32433</b>
TITLE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRIE, NEAL M</b>	2.2 NAME	
STREET ADDRESS	<b>421 BOB MCCASKILL DRIVE</b>	2.3 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>32433</b>
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, WILMA</b>	3.2 NAME	<b>WILMA WARREN</b>
STREET ADDRESS	<b>P.O. BOX 1160 (HWY 30A)</b>	3.3 STREET ADDRESS	<b>3310 CURRIE ST.</b>
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRIE, PATRICK</b>	4.2 NAME	
STREET ADDRESS	<b>6811 N.W. 40TH DRIVE</b>	4.3 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRIE, HAYNES</b>	5.2 NAME	
STREET ADDRESS	<b>815 N. PARKWOOD ROAD</b>	5.3 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>DECATUR GA 30030</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Signature of Currie, Howard F.* 4-27-98 8:00:00 PM

CR2E034 (10/97)