

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90136 043 ***150.00

DOCUMENT # 346484

1. Corporation Name

GULF HILLS HEALTH AND RECREATION INC

Principal Place of Business

HIGHWAY 30A
P.O. BOX 1130
SANTA ROSA BEACH FL 32459

Mailing Address

421 BOB MCCASKILL DRIVE
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1969

4. FEI Number

59-0918418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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

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 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 ☐ DELETE

NAME **CURRIE, HOWARD F**

STREET ADDRESS **201 HUGGINS ROAD**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ DELETE

NAME **CURRIE, NEAL M**

STREET ADDRESS **421 BOB MCCASKILL DRIVE**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ DELETE

NAME **WARREN, WILMA**

STREET ADDRESS **3310 CURRIE ST**

CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ DELETE

NAME **CURRIE, PATRICK**

STREET ADDRESS **6811 N.W. 40TH DRIVE**

CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ DELETE

NAME **CURRIE, HAYNES**

STREET ADDRESS **815 N. PARKWOOD ROAD**

CITY-ST-ZIP **DECATUR GA 30030**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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(1)(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.

SIGNATURE:

Neal M. Currie

NEAL M. CURRIE

4-26-99

(850) 892-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)