

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 # 363671

1. Corporation Name
GOULD REAL ESTATE, INC.

Principal Place of Business

1771 FOELKER RD
PO BOX 2136
DELAND FL 32724
US

Mailing Address

1771 FOELKER RD
PO BOX 2136
DELAND FL 32724
US

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90034 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1970

4. FEI Number

59-1291094

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

21 1636 RED MANGROVE DR

2a. Mailing Address

27 1636 RED MANGROVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DELAND, FL

City & State

28 DELAND, FL

Zip

24 32724

Country

25 USA

Zip

29 32724

Country

30 USA

9. Name and Address of Current Registered Agent

R GARDNER GOULD
1771 FOELKER RD
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name

R. GARDNER GOULD

82 Street Address (P.O. Box Number is Not Acceptable)

83

1636 RED MANGROVE DR

84 City

DELAND

85 Zip Code

FL 32724

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

TITLE PD
NAME GOULD, R. GARDNER
STREET ADDRESS 1771 FOELKER ROAD
CITY-STATE-ZIP DELAND FL

☐ DELETE

TITLE VD
NAME GOULD, WILLIAM H.
STREET ADDRESS 1426 COVERED BRIDGE DR
CITY-STATE-ZIP DELAND FL

☐ DELETE

TITLE STD
NAME GOULD, ESTHER L.
STREET ADDRESS 1002 ORANGE CAMP RD
CITY-STATE-ZIP DELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☒ Change

☐ Addition

1.2 NAME

GOULD, R. GARDNER
1636 RED MANGROVE DR
DELAND, FL 32724

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

VD

☒ Change

☐ Addition

2.2 NAME

GOULD, WILLIAM H.
1400 ARROYO VISTA
DELAND, FL 32724

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

STD

☒ Change

☐ Addition

3.2 NAME

GOULD, ESTHER L.
1400 ARROYO VISTA
DELAND, FL 32724

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

R. Gardner Gould
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 904-738-0109
Date Daytime Phone #

CR2E034 (1/98)