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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

1 '	MENT # 404280 GE HILL ESTATES, INC.	(0)			
Principal Plac	e of Business	Mailing Address		4 (8014) BINH ENSIS ATRIB 1041 OR15 ANDS A	BU DIRU DIRU BING BINI URBE
900 NORTH 12TH AVENUE 900 NORTH 12TH AVENUE P.O. DRAWER 13207 P.O. DRAWER 13207 PENSACOLA FL 32591-0207 PENSACOLA FL 32591-0207			,	DO NOT WRITE IN TH	IS SPĀČE
				 Date Incorporated or Qualified 06/30/1972 	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21				59-1546877	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		A Sharka Caracha Sharaha	Fee Required
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3	10	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	ed Agent
GUND, CHARLES F. 81 N.					
900 NORTH 12TH AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32573					
			83		
			84 City		85 Zip Code
44.0	A M	and COT 4500 Florida Otal A	·	F	
office or i	to the provisions of Sections 607,0302 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autions of, Section 607.0505, Flori	thorized by the corporation Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					7 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS			Registered Agent signature requirement	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1,1 TITLE	ADDITIONAL OF A CHARLES TO STREET OF A	☐ Change ☐ Addition
NAME	GUND, CHARLES F.		1.2 NAME		
STREET ADDRESS	900 NORTH 12TH AVENUE		1,3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		وُّا
TITLE	V	DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME	CORRY,J.E.		2.2 NAME		
STREET ADDRESS	900 NORTH 12TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	WILHOIT, WILLIAM M.C.		3.2 NAME		
STREET ADORESS	1711 EAST LAKEVIEW AVE. PENSACOLA FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD TD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	CORRY,J.E.	L_1 DULETE :	4.1 IIILE 4.2 NAME		T Avenific FT Variation
1	900 NORTH 12TH AVENUE		4.2 NAME 4.3 STREET ADDRESS		1
STREET ADDRESS CITY-ST-ZIP	PENSACOLA FL		4,4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		Change Addition
NAME	WILHOIT, WILLIAM M.C.	-	5.2 NAME		
STREET ADDRESS	1711 EAST LAKEVIEW AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

JAN 26 1998