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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **560127** (3)  
1. Corporation Name  
**GULFWIND ENTERPRISES, INC.**

Principal Place of Business  
**18025 U.S. 19 NORTH  
CLEARWATER FL 34624**

Mailing Address  
**18025 U.S. 19 NORTH  
CLEARWATER FL 34624-3510**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/17/1978</b>		3a. Date of Last Report <b>03/07/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1800972</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CLARK, FRANKLIN D. 18025 U.S. 19 NORTH CLEARWATER FL 34624</b>				10. Name and Address of New Registered Agent			
				81 Name <b>William H. McGill</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>18025 US 19 North</b>			
				83			
				84 City <b>Clearwater</b>			
				85 Zip Code <b>FL 34624</b>			

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 *William H. McGill* **William H. McGill, President** **4/25/97**  
Signature of officer, director, or 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	PD	1.1 TITLE	
NAME	<b>MCGILL, WILLIAM H</b>	1.2 NAME	
STREET ADDRESS	<b>18025 U.S. 19 NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	<b>CLARK, FRANKLIN D</b>	2.2 NAME	
STREET ADDRESS	<b>18025 U.S. 19 NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *William H. McGill* **4/25/97** **(813) 536-2628**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)