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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 610995**

| <ol> <li>Corporation</li> </ol>  | n Name  |                                   |                                |                       |                                  |  |                        |                  |
|--|---|-----------------------------------|--------------------------------|-----------------------|----------------------------------|--|------------------------|------------------|
| GENTRY REALTY, INC.  |   |                                   |                                |                       |                                  | T LABRICA ALKAN KINIK NAKKA KINIK KAKAN KAKAN AKAN A         |                        |                  |
|  |   |                                   |                                |                       |                                  |  |                        |                  |
| Principal Place of Business Mailing Address  |   |                                   |                                |                       |                                  | - 1 186168 Eling 11911 anily \$8118 18181 8411 a             | INII NINIA KINSI DIDII | 0(81) B1811 (881 |
| 55 AMELIA DRIVE 55 AMELIA DRIVE  |   |                                   |                                |                       |                                  |  |                        |                  |
| ARCHER FL 32618 ARCHER FL 32618  |   |                                   |                                |                       |                                  | DO NOT WRITE IN  | THIS SPACE             |                  |
|  | N   |                                   |                                |                       | -                                | 3. Date Incorporated or Qualifed                             | HIO OI AOL             |                  |
|  |   |                                   |                                |                       |                                  | 02/23/1979   |                        | ļ                |
| 2. Principal Place of Business 2a. Mailing Address   |   |                                   |                                |                       |                                  | 4. FEI Number  | A                      | pplied For       |
| 21 26  |   | ⊢ ř                               |                                |                       |                                  | 59-1960704   | N                      | ot Applicable    |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.               |                                |                       |                                  | 5. Certificate of Status Desired                             | •                      | Additional       |
| 22   |   | 27                                |                                |                       | 5. Certificate of Status Desired | Fee R  | equired                |                  |
| City & State   |   | City & State                      | City & State                   |                       |                                  | 6. Election Campaign Financing                               |                        | May Be           |
| 23   |   | 28                                |                                |                       |                                  | Trust Fund Contribution Added to Fees                        |                        |                  |
| Zip  | Country Zip   |                                   | Country                        |                       |                                  | 8. This corporation owes the current year                    |                        | □No              |
| 24   |   |                                   | 0                              |                       |                                  | Personal Property Tax.  10. Name and Address of New Register | Yes                    |                  |
|  | 9. Name and Address of Currer   | nt Registered Agent               | 8                              | 1 Nar                 |                                  | IU. Name and Address of New Registe                          | Ted Agent              |                  |
| GEN  | TRY, DAVID J.   |                                   | L                              |                       |                                  |  |                        |                  |
|  | MELIA DRIVE   |                                   | 82 Street Add                  |                       | et Addre                         | ss (P.O. Box Number is Not Acceptable)                       |                        | ļ                |
| ARCHER FL 32618  |   |                                   | ē                              | 13                    |                                  |  |                        |                  |
|  |   |                                   | L                              |                       |                                  |  | 12ml 37                | 0.1.             |
|  |   |                                   | 84 Cit                         |                       | ,                                |  | FL 85 Zip              | Code             |
| 11. Pursuant   | to the provisions of Sections 607.050   | 02 and 607.1508, Florida Statutes | , the abo                      | ve-nam                | ed corpo                         | ration submits this statement for the numor                  | e of changing its      | s registered     |
| office or r  | registered agent, or both, in the State<br>im familiar with, and accept the obliga  | of Florida. Such change was auti  | norized b                      | y the co              | orporation                       | 's board of directors. I hereby accept the a                 | ppointment as re       | egistered        |
| -  | m lammar way and doospe no osinge   |                                   |                                |                       |                                  |  |                        |                  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec |   |                                   |                                | gent signat           | ure required                     | when reinstating) DA1  |                        | 000 111 40       |
| 12.  | ······································  | ND DIRECTORS                      | 13.                            |                       |                                  | ADDITIONS/CHANGES TO OFFICER                                 | S AND DIRECTO          | Addition         |
| TITLE  | PD  |                                   |                                | 1.1 TITLE<br>1.2 NAME |                                  |  | □ Criange              |                  |
| NAME   | acititi, aconac   |                                   |                                |                       |                                  |  |                        | ľ                |
| STREET ADDRESS   | OO PHINELER BINGE   |                                   |                                | 1.3 STREET ADDRESS    |                                  |  |                        |                  |
| CITY-ST-ZIP  | TOTAL |                                   |                                | 1.4 CITY-\$T-ZIP      |                                  |  | Change                 | Addition         |
| TITLE  | STD   |                                   |                                |                       |                                  |  |                        | _ (              |
| NAME   | WEAVERLING, BRIDGETTE G   |                                   | 2.2 NAME<br>2.3 STREET ADDRESS |                       | -00                              |  |                        | ł                |
| STREET ADDRESS 228 S.W. 11TH AVENUE DANIA FL 33004   |   |                                   | 2.4 CITY-ST-ZIP                |                       | 33                               |  |                        | ļ                |
| CITY-ST-ZIP<br>TITLE   |   |                                   |                                | 3.1 TITLE             |                                  |  | ☐ Change               | ☐ Addition       |
| NAME   | ·   |                                   | 3.2 NAM                        |                       |                                  |  |                        |                  |
| STREET ADDRESS   | 55 AMELIA DRIVE   |                                   | 3.3 STREET ADDRESS             |                       | ESS                              |  |                        |                  |
| CITY-ST-ZIP  | ARCHER FL 32618   |                                   | 3.4, CITY-ST-ZIP               |                       |                                  |  |                        |                  |
| TITLE  |   |                                   |                                | 4.1 TITLE             |                                  |  | Change                 | ☐ Addition       |
| NAME   |   |                                   | 4. 2 NAM                       | Æ                     |                                  |  |                        | į                |
| STREET ADDRESS   |   |                                   | 4.3 STR                        | 4.3 STREET ADDRESS    |                                  |  |                        |                  |
| CITY-ST-ZIP  |   |                                   | 4.4 CITY                       | 4.4 CITY-ST-ZIP       |                                  |  | <u> </u>               |                  |
| TITLE  |   |                                   | 51 TITL                        | 51 TITLE              |                                  |  | Change                 | Addition         |
| NAME   |   |                                   | 5.2 NAM                        | E                     |                                  | •  |                        |                  |
| STREET ADDRESS   |   |                                   |                                | EET ADDRI             | ESS                              |  |                        |                  |
| CITY-ST-ZIP  |   |                                   |                                | 5.4 CITY-ST-ZIP       |                                  |  |                        |                  |
| TITLE  |   | ☐ DELETE                          | 6.1 TITU                       |                       |                                  |  | Change                 | ☐ Addition       |
| NAME   |   |                                   | 6.2 NAM                        |                       |                                  |  |                        |                  |
| CTREET ADDRESS   | i   |                                   | ■ 6.3 STRI                     | EET AODRI             | SS I                             |  |                        |                  |

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 affectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NING OFFICER OR DIRECTOR