

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **639235**

(1)

1. Corporation Name

**GULFVIEW MORTGAGE, INC.**



Principal Place of Business

**3003 TAMiami TRAIL NORTH, SUITE 160  
NAPLES FL 33940**

Mailing Address

**3003 TAMiami TRAIL NORTH, SUITE 160  
NAPLES FL 33940**

3. Date Incorporated or Qualified  
**10/10/1979**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3001 N. TAMiami TRAIL**

26 **3001 N. TAMiami TRAIL**

4. FEI Number  
**59-1939985**

Applied For

Not Applicable

22 **SUITE 206**

27 **SUITE 206**

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

City & State

City & State

23 **NAPLES, FLORIDA**

28 **NAPLES, FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

24 **33940**

25 **COLLIER**

29 **33940**

30 **COLLIER**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, JAMES C. JR.  
1725 ISLE OF CAPRI ROAD, SUITE 106  
PINE PLAZA  
GOLDEN GATE FL 33999**

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 **PTD** ☐ DELETE  
NAME **SMITH, CHARLES F JR**  
STREET ADDRESS **2436 43RD STREET SW**  
CITY-ST-ZIP **GOLDEN GATE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **SALLY, JOHN R**  
STREET ADDRESS **340 DEVIL'S BIGHT**  
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **SV** ☐ DELETE  
NAME **SMITH, BETTY J.**  
STREET ADDRESS **2436 43RD STREET, SW**  
CITY-ST-ZIP **GOLDEN GATE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**V**  
**RALPH E. CARTER**  
**625 MOORING LINE DRIVE**  
**NAPLES, FLORIDA 33940**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Charles F. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

(941) 263-3311

Deafline Phone #

CR2E034 (12/95)