

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **639235**

(1)

1. Corporation Name

GULFVIEW MORTGAGE, INC.

Principal Place of Business

**3001 N TAMiami TRAIL
SUITE 206
NAPLES FL 33940
US**

Mailing Address

**3001 N TAMiami TRAIL
SUITE 206
NAPLES FL 34103-4172
US**



2. Principal Place of Business

21 2436 43rd Street SW
Suite, Apt. #, etc.

2a. Mailing Address

26 2436 43rd Street SW
Suite, Apt. #, etc.

City & State

23 Naples, FL

City & State

28 Naples, FL

Zip

24 34116

Country

25 Collier

Zip

29 34116

Country

30 COLLIER

9. Name and Address of Current 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

3. Date Incorporated or Qualified
10/10/1979

3a. Date of Last Report
04/23/1996

4. FEI Number
59-1939985

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

10. Name and Address of New Registered Agent

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: Type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLES F JR	
STREET ADDRESS	2436 43RD STREET SW	
CITY-ST-ZIP	GOLDEN GATE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SALLY, JOHN R	
STREET ADDRESS	340 DEVIL'S BIGHT	
CITY-ST-ZIP	NAPLES FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	SMITH, BETTY J.	
STREET ADDRESS	2436 43RD STREET, SW	
CITY-ST-ZIP	GOLDEN GATE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RALPH E CARTER	
STREET ADDRESS	625 MOORING LINE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SVD
3.3 STREET ADDRESS	SMITH, BETTY J.
3.4 CITY-ST-ZIP	2436 43rd Street SW Naples, FL 34116
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Betty J. Smith* **BETTY J. SMITH, SVD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-348-0589

Daytime Phone

CR2E034 (9/96)