


FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 732893 (3)

1. Corporation Name
THE GULF SUNCOAST BONS VIVANTS, INC.

Principal Place of Business

Mailing Address

4300 CENTRAL AVE.
ST PETERSBURG FL 33711

4300 CENTRAL AVE.
ST PETERSBURG FL 33711

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

DUGGAR, ROLFE D.
ATTORNEY AT LAW
4300 CENTRAL AVE.
ST. PETERSBURG FL 33711

81 Name
82 Street Address
83
84 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BOURG, NICHOLAS
1484 S HERCULES AVE
CLEARWATER FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
NAYLOR, JUNE
13112 NORTH BLVD
TAMPA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
ROBBINS, EVELYN
8649 N HIMES AVE #819
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
BEVERLY J. KIME
1757 CASTLE ROCK RD.
TAMPA FL 33612

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
LORRAINE DAVIS
4814 MENDENHALL DRIVE
TAMPA FL 33603

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louanna Davis, Treasurer

2/20/98 813 875 2085

CP2E037 (10/97)