


FILED
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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 841808 1. Corporation Name GULF STATES, INCORPORATED		



Principal Place of Business 4901 GULF SHORE BLVD. #2102 NAPLES FL 33940 US		Mailing Address 4901 GULF SHORE BLVD. #2102 NAPLES FL 33940 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1978	
2. Principal Place of Business 21 4585 Progress Ave Suite, Apt. #, etc. 22 2 City & State 23 Naples FL USA Zip Country 24 34104 25	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	4. FEI Number 16-0962308	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent MILLER, EDWARD R. SUITE 212 GULF SHORE SQUARE 1400 GULF SHORE BLVD. NORTH NAPLES, FLORIDA FL 33940		10. Name and Address of New Registered Agent 81 Name Deane F. Madison 82 Street Address (P.O. Box Number is Not Acceptable) 4901 Gulf Shore Blvd N. 83 Apt 2102 84 City Naples FL 85 Zip Code 34103	
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 607.0503, Florida Statutes. SIGNATURE Deane F. Madison (NOTE: Registered Agent signature required when reinstating) DATE			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME MADISON, MICHELLE R. STREET ADDRESS 4901 GULF SHORE BLVD NO. CITY-ST-ZIP NAPLES FL 34103	<input type="checkbox"/> DELETE	1.1 TITLE C.E.O. 1.2 NAME DEANE MADISON 1.3 STREET ADDRESS 4901 Gulf Shore Blvd 1.4 CITY-ST-ZIP Naples FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME MADISON, PHYLLIS J. STREET ADDRESS 4901 GULF SHORE BLVD NO. CITY-ST-ZIP NAPLES FL 34103	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME JOHNSON, CINDY L. STREET ADDRESS 20520 CHARING CROSS CIR. CITY-ST-ZIP ESTERO FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C.E.O. NAME Deane Madison STREET ADDRESS 4901 Gulf Shore Blvd CITY-ST-ZIP Naples FL 34103	<input type="checkbox"/> DELETE	4.1 TITLE VP 4.2 NAME MARTIN ROGERS 4.3 STREET ADDRESS 611 Hickory Road 4.4 CITY-ST-ZIP Naples FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)