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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F35046

GULF BAY DEVELOPMENT COMPANY, INC.

**FILED** 

May 05 1998 8:00am

Secretary of State

Principal Place	of Business	Mailing Address		f indinan toum teral mitte duese arand min maner an	911 81811 <b>41</b> 811 81811 81811 1981
1350 HWY 98 EAST FT WALTON BCH FL 32548		1350 MIRACLE STRIP PKWY S.E. FT WALTON BCH FL 32548 US		do not write in th	S SPACE
				3. Date Incorporated or Qualified 05/15/1981	
	ace of Business	2a. Mailing Address		4. FEI Number 59-2102559	Applied For Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
<del></del>	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registers	d Agent
	CKERT, RICHARD A		81 Name		
1350 HWY 98 EAST FT WALTON BEACH FL 32548			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			63		
			.     63		
			84 City	F	L 85 Zip Code
44 5	to the provision of Sections 507.050	2 and 607 1609. Elorida Ctatute	as the shove named col	rporation submits this statement for the purpose	
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typnd or printed name of registered age:	n; and title if applicable (NOT)	I.: Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND	) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	DECKERT, FRANK R		1.2 NAME		
STREET ADDRESS	HWY 98 E		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH, FL 00000	D DC/ ETC	1.4 CiTY - ST - ZiP		Change Addition
TITLE	MCDOWELL, GEORGE L	☐ DELETE	2.1 TITLE		CT change CT vacanion
NAME	5709 TURTLE CREEK DR		2.2 NAME		
STREET ADDRESS	TEXARKANA, ARK 00000		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	PD	☐ DELETE	3.1 TITLE		Change Addition
NAME	DECKERT, RICHARD A	_	3.2 NAME		
STREET ADDRESS	HWY 98 E		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH, FL 00000		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		ר ביניני			Fit change Fit state(in)
NAME			6.2 NAME		
STREET ADDRESS	š		6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify for	or the exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated officer or	on this applied concet or cumplements	il annual report is true and acc eiver or trustee empowered to i	turate and that my signat	ture shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and th	under oath: that I am an