

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F36903

1. Corporation Name
G & L RESORTS, INC.

Principal Place of Business
**1701 N. US #1
ORMOND BCH FL 32174**

Mailing Address
**1701 N. US #1
ORMOND BCH FL 32174**

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90081 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1981

4. FEI Number

59-2248742

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WARD, GILBERT F
1701 N. US #1
ORMOND BEACH FL 32074**

10. Name and Address of New Registered Agent

81 Name **GILBERT F. WARD**
82 Street Address (P.O. Box Number is Not Acceptable)
20 WINCHESTER ROAD
83
84 City **ORMOND BEACH** FL 85 Zip Code **32174**

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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	WARD, GILBERT F	
STREET ADDRESS	1701 N. US #1	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	WARD, LINDA	
STREET ADDRESS	1701 N. US #1	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GILBERT F WARD
1.3 STREET ADDRESS	20 WINCHESTER ROAD
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LINDA WARD
2.3 STREET ADDRESS	20 WINCHESTER ROAD
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: **Linda Ward**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

904-437-7011

Daytime Phone #

CR2E034 (11/98)