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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F43362 (5)

1. Corporation Name
GULFSTREAM FINANCIAL SERVICES OF NORTH FLORIDA,
INC.

Principal Place of Business

Mailing Address

4401 WESCONNETT BLVD
STE 110
JACKSONVILLE FL 32210-379
US

4801 E. INDEPENDENCE BLVD
SUITE 710
CHARLOTTE NC 28212-5416
US



3. Date Incorporated or Qualified

09/03/1981

3a. Date of Last Report

04/19/1996

4. FEI Number

59-2142469

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

2. Principal Place of Business

2a. Mailing Address

21 8553 Argyle Business Loop

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 3

27

City & State

City & State

23 Jacksonville, FL 32244

28

Zip

Country

Zip

Country

24 32244

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, MARY T
4401 WESCONNETT BLVD
STE 110
JACKSONVILLE FL 32210

81 Name

Homesy, Barbara J.

82 Street Address (P.O. Box Number is Not Acceptable)

8553 Argyle Business Loop

83 Suite 3

84 Jacksonville

FL

85 32244

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

Barbara J. Homesy

01-16-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P
HOMSEY, BARBARA J
STREET ADDRESS 4801 E. INDEPENDENCE DR. #710
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Homesy, Barbara J
1.3 STREET ADDRESS 8553 Argyle Business Loop
1.4 CITY-ST-ZIP Suite 3
Jacksonville, FL 32244

TITLE ☐ DELETE

NAME V
HALL, MARY TERESA
STREET ADDRESS 4401 WESCONNETT BLVD, STE 110
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Hall, Mary Teresa
2.3 STREET ADDRESS 8553 Argyle Business Loop
2.4 CITY-ST-ZIP Suite 3
Jacksonville, FL 32244

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Barbara J. Homesy 2-16-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo.

CR2E034 (9/96)