

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90003 001 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F43362

1. Corporation Name

**GULFSTREAM FINANCIAL SERVICES OF NORTH FLORIDA,
INC.**



Principal Place of Business

**8553 ARGYLE BUSINESS LOOP
STE 3
JACKSONVILLE FL 32244
US**

Mailing Address

**4801 E. INDEPENDENCE BLVD
SUITE 710
CHARLOTTE NC 28212
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1981

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 owes the current year
Intangible Personal Property.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HOMSEY, BARBARA J
8553 ARGYLE BUSINESS LOOP
STE 3
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

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

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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/Shareholders and I, the registered agent, 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

ASSISTANT SECRETARY

9-13-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **HOMSEY, BARBARA J**
STREET ADDRESS **8553 ARGYLE BUSINESS LP, STE 3**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☒ DELETE
NAME **HALL, MARY TERESA**
STREET ADDRESS **8553 ARGYLE BUSINESS LP, STE 3**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P, Treasurer** ☐ Change ☒ Addition
1.2 NAME **John K. Homsey**
1.3 STREET ADDRESS **4801 E. Independence Blvd., Suite 1110**
1.4 CITY-ST-ZIP **Charlotte, NC 28212**

2.1 TITLE **EVP, Secretary** ☐ Change ☒ Addition
2.2 NAME **Keli M. Homsey**
2.3 STREET ADDRESS **4801 E. Independence Blvd., Suite 1110**
2.4 CITY-ST-ZIP **Charlotte, NC 28212**

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

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

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

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

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.

SIGNATURE **Barbara J. Homsey, Executive Vice President (704) 945-3408**

CR2E034 (5/99)