

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F88682

(2)

1. Corporation Name

GULFVIEW HOMES, INC.



Principal Place of Business

Mailing Address

% MARK HERMANN  
922 S.W. 56TH ST.  
CAPE CORAL FL 33914

% MARK HERMANN  
922 S.W. 56TH ST.  
CAPE CORAL FL 33914

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/28/1982

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2282127

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 ☒

HERMANN, MARK  
922 S.W. 56TH ST.  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 if not applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME HERMANN, MARK  
STREET ADDRESS 922 S.W. 56TH ST.  
CITY-ST-ZIP CAPE CORAL, FL 00000

DELETE ☐

TITLE TD  
NAME HERMANN, MARK  
STREET ADDRESS 922 S.W. 56TH ST.  
CITY-ST-ZIP CAPE CORAL, FL 00000

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE ☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

"

Change ☒ Addition ☐

12 NAME

"

13 STREET ADDRESS

"

14 CITY-ST-ZIP

CAPE CORAL FL 33914

21 TITLE

"

Change ☒ Addition ☐

22 NAME

"

23 STREET ADDRESS

"

24 CITY-ST-ZIP

CAPE CORAL FL 33914

31 TITLE

VP

Change ☐ Addition ☒

32 NAME

DAVID ADKINS

33 STREET ADDRESS

7034 BABCOCK RD

34 CITY-ST-ZIP

FORT MYERS FL 33912

41 TITLE

"

Change ☐ Addition ☐

42 NAME

"

43 STREET ADDRESS

"

44 CITY-ST-ZIP

"

51 TITLE

"

Change ☐ Addition ☐

52 NAME

"

53 STREET ADDRESS

"

54 CITY-ST-ZIP

"

61 TITLE

"

Change ☐ Addition ☐

62 NAME

"

63 STREET ADDRESS

"

64 CITY-ST-ZIP

"

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark L. Hermann

Mark L. Hermann

6-27-96

(41) 542-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number

CR2E034 (3/96)