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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300004790

1. Corporation	Name	000-700				
SOUTH (GULF INC.					
000	5,021 11.10·				A ar iu ga ii air i (air i 1 1	
Principal Place	e of Business	Mailing Address		T TORON OF THE PARTY OF THE PARTY OF THE PARTY	4) 40 511 40 113 61611 (6416 (61	
RT 1 BOX 94		P.O. BOX 605				
SONIN LAW RD BONIFAY FL 32425						
BONIFAY FL 32425 US			DO NOT WRITE IN	THIS SPACE		
US				3. Date Incorporated or Qualifed		
				10/22/1993	-	
<u> </u>		2a. Mailing Address		4. FEI Number	<u> </u>	ied For
		26		61-1076544		Applicable
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Adi Fee.Regu	
		City & State		C. Fladia Cambria Financia		
		— ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
23 Zin	Country	28	Country	This corporation owes the current year.		
Zip □	25	<u> </u>	30	Personal Property Tax.		No
24	9. Name and Address of Curi		,	10. Name and Address of New Regis		
St. Name and Address of Outlett (togratored Agent						
COOPER, GLENDA			(5)	LENDA HOWELL		
1709 18TH ST.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
NICEVILLE FL 32578			83	T BOX II		
ı				IN IN LAW RD		
			84 City R	NIFAY	FL 85 Zip Co	ک د کید
11. Pursuant	to the phyisions of Sections 607.0	502 and 607.1508. Florida Statute	s, the above-named co	orporation submits this statement for the purpo		
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was autorations of Section 607 0505. Flori	thorized by the corpora	orporation submits this statement for the purporation's board of directors. I hereby accept the	/appointment as regis	stered
	m languar with and accept the obt	710,10	da Otatotos.	\simeq	2194	j
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating) D/	ATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
TITLE	Р	☐ DELETE	1.1 TITLE		Change	Addition
NAME	HOWELL, MICHAEL		1.2 NAME			
STREET ADDRESS	RT 1 BOX 94		1.3 STREET ADDRESS			
CITY-ST-ZIP i	BONIFAY FL 32425		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	COOPER, GLENDA		2.2 NAME	GLENDA HOWELL		
STREET ADDRESS	1709 18TH ST.		2.3 STREET ADDRESS	RTI BOX 94		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	BONIFAY FL 32425		
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME	•		3.2 NAME	s commercial for the same of t	-	
STREET ADDRESS			3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		. Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			į
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		. Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 innual 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 oppn an attachment with preddress, with all Others the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

850 547-0920 or