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

I am an officer or director of the corporation appears in Block 12 or Block 13 if change

**PROFIT** Jun 19 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # GULF SOUTH INCOME PROPERTIES, INC Principal Place of Business Mailing Address 6051 W. IRLO BRONSON HWY KISSIMHEE, FC 34747 3. Date incorporated or Qualified 3a. Date of Last Report 6-**21**-83 4-4-96 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Myers, LAME E. 6051 W. Inl. Brensin Huy 82 Street Address (P.O. Box Number is Not Acceptable) 83 Kiss 19420, Fl. 34747 64 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 03/02 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. (NO1): Registered Agent signature required when reinstating) FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Change \_\_\_ Addition NAME 6051 W. Frio Brinsin Huy 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Kissimmee, FL. 34747 CITY - ST- ZIP 1.4 CITY-ST-ZIP Bris, Toson TITLE 2 1 TITLE Change Addition NAME W. INTO Browson Hay 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS City-ST-ZIP 2 4 CITY-ST-7(P TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - ZIP TITLE 4.1.19TLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE 000000221 Addition NAME **6.2 NAME** -06/19/97--01004--022 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*550.00 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 eath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

6-13-97 (407) 396-17 48
Date Dayline Phone \*