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CORPORATION ANNUAL REPORT
1995

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

95 MAY - [illegible]

SECRETAR[illegible]
TALLAHASSE[illegible]

APPROVED AND FILED

95 MAY -1 PM 5:35

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G53788 (7)

1. Corporation Name

GULFLAND HOMES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21238 SARASOTA FL 34240-8958 US	P.O. BOX 21238 SARASOTA FL 34240-8958 US

3. Date Incorporated or Qualified: 08/11/1983

3a. Year of Last Report: 06/01/1994

4. FEI Number: 59-2313533

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, MICHAEL 573 INTERSTATE BLVD SARASOTA FL 34240	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2018 Oak Terrace 83 84 City: Sarasota FL 85 Zip Code: 34231

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 _____ DATE

(Signature, Type or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	11 TITLE	☒ Change ☐ Addition
NAME	WHITEHEAD, VICKI L.	12 NAME	
STREET ADDRESS	1377 BARCLAY CIRCLE #A	13 STREET ADDRESS	2197 Canton Road, Suite 201
CITY-ST-ZIP	MARIETTA GA	14 CITY ST ZIP	30066
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	TERRY, EDWARD L.	22 NAME	
STREET ADDRESS	1377 BARCLAY CIRCE #A	23 STREET ADDRESS	2401 Lake Park Drive Suite 220
CITY-ST-ZIP	MARIETTA GA	24 CITY ST ZIP	Smyrna GA 30080
TITLE	AS	31 TITLE	☒ Change ☐ Addition
NAME	SHERMAN, KAREN	32 NAME	
STREET ADDRESS	1377 BARCLAY CIRCLE A	33 STREET ADDRESS	2197 Canton Road, Suite 201
CITY-ST-ZIP	MARIETTA GA	34 CITY ST ZIP	30066
TITLE	VAS	41 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, MICHAEL	42 NAME	
STREET ADDRESS	573 INTERSTATE BLVD	43 STREET ADDRESS	2018 Oak Terrace
CITY-ST-ZIP	SARASOTA FL	44 CITY ST ZIP	34231
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Vicki L Whitehead Vicki L. Whitehead 4-28-95 404-427-8162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0453001 FP