

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # G53788 (7)

1. Corporation Name

GULFLAND HOMES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 21238  
SARASOTA FL 34240-0938  
US

P.O. BOX 21238  
SARASOTA FL 34240-0938  
US

3. Date Incorporated or Qualified

08/11/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2313533

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

34276-4238

25

29

34276-4238

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, MICHAEL

~~578 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 607.0503, Florida Statutes.

SIGNATURE: Michael J. Johnson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/26/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPST ☐ DELETE  
NAME WHITEHEAD, VICKI L.  
STREET ADDRESS ~~1377 BARCLAY CIRCLE #A~~  
CITY-ST-ZIP MARIETTA GA

TITLE PD ☐ DELETE  
NAME TERRY, EDWARD L.  
STREET ADDRESS ~~1377 BARCLAY CIRCLE #A~~  
CITY-ST-ZIP MARIETTA GA

TITLE AS ☐ DELETE  
NAME SHERMAN, KAREN  
STREET ADDRESS ~~1377 BARCLAY CIRCLE #A~~  
CITY-ST-ZIP MARIETTA GA

TITLE VAS ☐ DELETE  
NAME JOHNSON, MICHAEL  
STREET ADDRESS ~~578 INTERSTATE BLVD~~  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2197 Canton Rd - Suite 201  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2401 Lake Park Drive - Suite# 355  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 2197 Canton Rd - Suite 201  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 2018 Oak Terrace  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 700001834457  
5.4 CITY-ST-ZIP -05/22/96--01040--041

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME \*\*\*200.00  
6.3 STREET ADDRESS  
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

5/1/96