

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90087 049 \*\*\*150.00

0484507

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G53788

1. Corporation Name  
GULFLAND HOMES, INC.

Principal Place of Business

P.O. BOX 21238  
SARASOTA FL 34276-4238  
US

Mailing Address

P.O. BOX 21238  
SARASOTA FL 34276-4238  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1983

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2401 Lake Park Drive

Suite, Apt. #, etc.

22 Suite 355

City & State

23 Smyrna, GA 30080

Zip

Country

24

2a. Mailing Address

26 2401 Lake Park Drive

Suite, Apt. #, etc.

27 Suite 355

City & State

28 Smyrna, GA 30080

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, MICHAEL  
4441 S TAMiami TRAIL, STE B  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

Scott W. Dunlap, Esquire

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

22 South Links Avenue

83

Suite 300

84

City

Sarasota,

FL

85 Zip Code  
34236

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE VPST ☐ DELETE

NAME WHITEHEAD, VICKI L.  
STREET ADDRESS 2197 CANTON RD-SUITE 201  
CITY-ST-ZIP MARIETTA GA

TITLE PD ☐ DELETE

NAME OWINGS, KENT  
STREET ADDRESS 2197 CANTON RD, STE 201  
CITY-ST-ZIP MARIETTA GA 30066

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

770/427-8162

Daytime Phone #

CR2E034 (11/98)