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 # **H62291** **(0)**

1. Corporation Name

DESTIN GULFGATE, INC.

Principal Place of Business

1180 HWY. 98 EAST
DESTIN FL 32541

Mailing Address

P.O. BOX 753
SHALIMAR FL 32579

3. Date Incorporated or Qualified: **06/17/1985**

3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21 | Street Address
22 | City & State
23 | Zip | 24 | County | 25

2a. Mailing Address
26 | Street Address
27 | City & State
28 | Zip | 29 | Country | 30

4. FEI Number: **62-1395408** ☐ 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

9. Name and Address of Current Registered Agent

BENNETT, RICHARD R.
8 SECOND AVE.
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** | 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 617.1505, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	BENNETT, RICHARD R.		2 NAME
STREET ADDRESS	1180 HWY 98 EAST		3 STREET ADDRESS
CITY, ST, ZIP	DESTIN FL		4 CITY, ST, ZIP
TITLE	DS	☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME	BENNETT, BETTY JOAN		2 NAME
STREET ADDRESS	1180 HWY 98 EAST		3 STREET ADDRESS
CITY, ST, ZIP	DESTIN FL		4 CITY, ST, ZIP
TITLE		☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME			3 NAME
STREET ADDRESS			3 STREET ADDRESS
CITY, ST, ZIP			4 CITY, ST, ZIP
TITLE		☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME			4 NAME
STREET ADDRESS			4 STREET ADDRESS
CITY, ST, ZIP			4 CITY, ST, ZIP
TITLE		☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME			5 NAME
STREET ADDRESS			5 STREET ADDRESS
CITY, ST, ZIP			5 CITY, ST, ZIP
TITLE		☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME			6 NAME
STREET ADDRESS			6 STREET ADDRESS
CITY, ST, ZIP			6 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: RICHARD BENNETT 2/10/96 904 651 1633

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

CR2E034 (12/95)