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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

H91467

(1)

GULF GO-FERS, INC.

| FILED |
|--------------------|
| Apr 29 1998 8:00am |
| Secretary of State |



| Principal Place of Business | | Mailing Address | | | THE STATE OF THE COLOR CLASS COLOR OF THE CO | | | |
|---|---|--|---------------|---------------------|--|----------------------------|-------------------|--|
| 2136 CORPOR | RATION BLVD | P O BOX 3016 | | | | | | |
| P.O. BOX 3016 NAPLES FL-83943 See Betawn | | P.O. BOX 3016 NAPLES FL 80998 \$ | . 0 . | | DO NOT WRITE IN THIS | DO NOT WRITE IN THIS SPACE | | |
| US | ms see is eldur | US | CC 13 E | w | 3. Date Incorporated or Qualified | | | |
| • | | • | | | 12/24/1985 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | A | pplied For | |
| 21 | _ | 26 | | | 59-2622169 | N | lot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | | 5. Certificate of Status Desired | | Additional | |
| 27 | | | | | 5. Continuate of States Desired | Fee R | Required | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | |) May Be | |
| 23 | | 28 | Country | | Trust Fund Contribution | | to Fees | |
| 型3410 | O9 25 Collier | ^{Zip} 34106 | Countr | llier | This corporation owes or has paid the corporate Personal Property Tax due June 30. | | ntangibte ∏ No | |
| 24 3410 | 9. Name and Address of Current | | 30 00 | HIEF | 10. Name and Address of New Registered | | 140 | |
| 200 | | Tioglotores Agent | 81 | Name | 70, | | | |
| | BINETT, JAMES L | | | <u> </u> | | | | |
| | 11 LONGBOAT DR. | • | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| NAI | PLES FL 83942 - See ad | JACENT | 83 | | | | | |
| | | | Ľ | | | | | |
| | | | 84 | City | FI | 85 Zip | Code 4104 | |
| 44 Dureupht | to the provisions of Sections 607 0500 | 2 and 607 1508. Florida Statute | se the abov | a-pamed cor | rporation submits this statement for the purpose | | | |
| office or re | egistered agent, or both, in the State | of Florida Such change was a | uthorized b | y the corpora | ation's board of directors. I hereby accept the ap | pointment as | s registered | |
| agent. I a | m familiar with, and accept the obliga | tions of, Section 607.0505, Flo | rida Statute | es. | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | st and title if arrelicable (NOYE | Registered Ar | ent singalure regu | uired when reinstating) DATE | | | |
| 12. | OFFICERS AND | | 13. | fest organic c requ | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTO | RS IN 12 | |
| TITLE | SDT | ☐ DELETE | 1.1 TITLE | · [| | Change | ☐ Addition | |
| NAME | ROBINETT, SHARON L. | | 1.2 NAME | | | | | |
| STREET ADDRESS | 2136 CORPORATION BLVD | | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY - | ST-ZIP | | | | |
| TITLE | D | DELETE | 21 TITLE | | | ☐ Change | Addition | |
| NAME | ROBINETT, CAROL M | | 2.2 NAME | | | | | |
| STREET ADDRESS | 2136 CORPORATION BLVD | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 2. 4 CITY | -ST-ZIP | | | | |
| TITLE | D | DELETE | 3.1 TITLE | | | ☐ Change | Addition | |
| NAME | ROBINETT, BARBARA | | 3.2 NAME | | | | | |
| STREET ADDRESS | 2136 CORPORATION BLVD | | 3.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 3 4. CITY | ST-ZIP | | | | |
| TITLE | P | DELETE | 4.1 TITLE | ·· | | Change | Addition | |
| NAME | ROBINETT, JAMES L. | | 4. 2 NAM8 | | | | | |
| STREET ADDRESS | 2136 CORPORATION BLVD | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 4.4 CITY - | ST-ZIP | | | | |
| TITLE | VP . | DELETE | 5.1 TITLE | | | Change | Addition | |
| NAME | ROBINETT, BRADFORD | | 5.2 NAME | | | | | |
| STREET ADDRESS | 2136 CORPORATION BLVD | | 5.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 5.4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | | | | · <u>-</u> | |
| 14. hereby c | ertify that the information supplied wi | th this filing does not qualify for | r the exemp | ption stated in | n Section 119.07(3)(i), Florida Statutes. I further our ure shall have the same legal effect as if made u | pertify that the | e information | |
| officer or o | director of the corporation or the rece | iver or trusted empowered to e | exocute this | report as rec | quired by Chapter 607, Florida Statutes; and that | my name ar | opears in | |
| Block 12 d | or Block 13 if changed, or on an attac | hnylent with an addro≱s. | | • | | | | |