

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90014 041 ***150.00

0054887

DOCUMENT # J38257

1. Corporation Name
GULF FORD, INC.

Principal Place of Business
**118 MARKET STREET
APALACHICOLA FL 32320**

Mailing Address
**118 MARKET STREET
APALACHICOLA FL 32320**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1986

2. Principal Place of Business
21 Gulf Ford Inc.

2a. Mailing Address
26 Gulf Ford Inc.

4. FEI Number
59-2734258

Suite, Apt. #, etc.
22 119 Market Street

Suite, Apt. #, etc.
27 119 Market Street

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

City & State
23 Apalachicola, Fl

City & State
28 Apalachicola, Fl

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

Zip Country
24 32320 25 Franklin

Zip Country
29 32320 30 Franklin

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MILLER, RICHARD
118 MARKET STREET
APALACHICOLA FL 32320**

10. Name and Address of New Registered Agent

81 Name Miller, Richard
82 Street Address (P.O. Box Number is Not Acceptable) 119 Market Street
83
84 City Apalachicola FL 85 Zip Code 32320

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 **Richard Miller Pres.**

1/19/99

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **MILLER, RICHARD**
STREET ADDRESS **118 MARKET STREET**
CITY-ST-ZIP **APALACHICOLA FL**

TITLE **D** ☐ DELETE
NAME **MILLER, SANDRA L.**
STREET ADDRESS **118 MARKET STREET**
CITY-ST-ZIP **APALACHICOLA FL**

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 **DP** ☒ Change ☐ Addition
1.2 NAME **Miller, Richard**
1.3 STREET ADDRESS **119 Market Street**
1.4 CITY-ST-ZIP **Apalachicola, Fl 32320**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Miller, Sandra L.**
2.3 STREET ADDRESS **119 Market Street**
2.4 CITY-ST-ZIP **Apalachicola, Fl 32320**

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: **Richard Miller**

1/19/99

850-653-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)