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

Mailing Address

P.O. BOX 10729

6706 N 9TH AVE. D-3

PENSACOLA FL 32504

2a. Mailing Address

Suite, Apt. #, etc.

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J61117 1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

6706 N 9TH AVE. D-3

PENSACOLA FL 32504

P.O. BOX 10729

GULF & SOUND LAND CORPORATION

		27					'	o. Certificate of Cubico Decirco	_	Fee Re	quired	
City & State			City & State				+	6. Election Campaign Financing		\$5.00	May Be	
23		28						Trust Fund Contribution	ш <u> </u>	Added t	o Fees	
Zip	Country		Zip	Cou	ntry	-,	- [;	8. This corporation owes the curr	ent year Inte		_	
					30			Personal Property Tax.		Yes	□No	
Name and Address of Current Registered Agent							1	Name and Address of New I	Registered .	Agent		
					81	Name						
EMMANUEL, PATRICK G. 30 SOUTH SPRING STREET PENSACOLA FL 32501					82	82 Street Address (P.O. Box Number is Not Acceptable)						
					83							
												84
											•	
11. Pursuant	to the provisions of Sections 607.0502	and	607.1508, Florida Statu	tes, the a	bove	-named corpo	orat	ion submits this statement for the	purpose of	changing its	registered	
Office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Hor	ida. Such chande was a	aumonzed	ו עט נ	the corporatio	on's	board of directors. I hereby acce	pt the appoi	ntment as re	gistered	
agent. I a	m ramıllar witin, and accept the obligati	uns 0	i, 580001 007.0000, FR	, NG OIGI	a.00.							
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTI	Registered	Agent	signature required	d whe	an reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	VP		☐ DELETE	1.1 B	πE			70 1 (80) 181		Change	☐ Addition	
NAME	BAROCO JR., J.H.			1.2 N	AME							
STREET ADDRESS	6706 NORTH NINTH AVENUE			1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL			1.4 C	TY-ST	- ZIP						
TITLE	VD		☐ DELETE	2.1 TI	πE					☐ Change	☐ Addition	
NAME	EMMANUEL, P.G.			2.2 N	AME							
STREET ADDRESS	30 SOUTH SPRING ST.			2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL			2.40	ITY-S	T-ZIP						
TITLE	SD		☐ DELETE	3.1 T						☐ Change	Addition	
NAME	GREENHUT, DUDLEY H.			3.2 N	AME							
STREET ADDRESS	23 SOUTH "A" ST			3.3 S	TREET	ADDRESS		and with the Caber.	5 · * * 1 & 2 , _	Sear # Con	140 Estat (93)	
3.14	PENSACOLA FL				ITY-S							
CITY-ST-ZIP	D		☐ DELETE	4.1 T		· -			(1 (1 N) 1	¹ ☐ Change	Addition	
	KIRKLAND, L.J.		_	4,21	LAME			•				
NAME CTREET ADDRESS	8904 BURNING TREE RD.			-		ADDRESS		i				
STREET ADDRESS	PENSACOLA FL				ITY-ST		٠,	•				
CITY-ST-ZIP TITLE	D		☐ DELETE	5.1 T					<u> </u>	Change	Addition	
NAME	NOONAN, JR, WILLIAM J.		-	5.2 N	AME			$(\mathbf{x}_{i_1}, \dots, \mathbf{x}_{i_k})$				
	ATAN BI ACKOUEAD			5.3 S	TREET	ADDRESS						
STREET ADDRESS	PENSACOLA FL			5.4 C	:ITY- \$1	T-ZIP		3 1 · 1 · 1 · 1				
CITY-ST-ZIP TITLE	I LINOACOUA I L	-	☐ DELETE	6.1 T						Change	Addition	
	Argamiya Milita			6.2 N	AME.							
NAME	(25年 A.S.) (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			6.3 5	TREET	ADDRESS						
STREET ADDRESS					ITY-S1							
CITY-ST-ZIP	l						0	tion 119.07(3)(i), Florida Statutes.	I further on	rtific that the	information	

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90057 036 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/03/1987

Applied For

\$8.75 Additional

Fee Required

Not Applicable

4. FEI Number

59-2780117

5. Certificate of Status Desired

indicated on this annual report or supplied which has help does not qualify for the exemption stated in Section 119.07(3)(i), Fronta Statutes. Intriner certify that the minormatic indicated on this annual report or suppliemental 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!