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

Mailing Address

2950 ROYAL PALM AVENUE

**PROFIT** CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT DE STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J87951 1. Corporation Name

Principal Place of Business

2950 ROYAL PALM AVENUE

STREET ADDRESS

CITY-ST-ZIP

**GULF & SOUTHERN CORPORATION** 

·L 33901	FORE	FORE MITCHS PL 33901				DO NOT WRITE IN THIS SPACE					
					3.	·	d or Qualifed				
						08/10/1987					
lace of Business	2a. Ma	iling Address	-		4.				L	<del></del>	ied For
	26					<u>58-1752300</u>					Applicable
#, etc.	<del>-</del>	ite, Apt. #, etc.			5.	. Certifcate of Stat	us Desired		•		
		0.04.1.									
e	<u> </u>	ty & State			6.						- (
Country			Country	,				ont waar Inta			1003
	_ <del>_</del> _ `	-	<b>–</b> '		0.	•		eni year inia			JNo │
			30		10			legistered A		·	
3. Name and Address of Curren	it itogistere	a Agent	81	Nam					Ψ		
TE, JOHN M.											
TREDEGAR DRIVE			82	Stree	t Address (	P.O. Box Number i	s Not Accepta	ibiej			
T MYERS FL 33919-9235			83				<del></del>				
									[55]	7:- C	- do
			84	City				FL	85	ZIP C	ode
to the provisions of Sections 607.050	2 and 607.1	508, Florida Statute	s, the abov	e-name	d corporation	on submits this stat	ement for the	purpose of	hangi	ng its r	egistered
egistered agent or both in the State.	of Florida 3	Such change was au	thorized by	the cor	poration's b	ooard of directors. I	hereby accer	ot the appoin	imeni	as regi	sterea
Sleaghtra, hand or printed name of registered and	ot and title if ann	licable (NOTE: I	Registered Age	nt sionatur	e required when	reinstating)		DATE			<del></del>
			13.				NGES TO OF	FICERS AN	DIR	ECTOR	S IN 12
PTD		☐ DELETE	1.1 TITLE						Ch	ange	☐ Addition
GIZZIE, JOHN M.			1.2 NAME								
1617 TREDEGAR DRIVE			1.3 STREE	TADORES	s						
FORT MYERS FL	33919		1.4 CITY- S	ST-ZIP				<del>-</del>			
SD		☐ DELETE	2.1 TITLE						Ct	ange	Addition
GIZZIE, LOUISE W.			2.2 NAME								
1617 TREDEGAR DRIVE			2.3 STREE	TADORES	s						
FORT MYERS FL 3	3919		2. 4 CITY-	ST-ZIP							
VAT		☐ DELETE	3.1 TITLE						☐ Ch	ange	☐ Addition
Gizzie, John W.			3.2 NAME								
			3.3 STREE	TADDRES	s						
MEADVILLE PA				ST-ZIP					- A		C Addison
			44 777 5		1				1 11.5	ange	☐ Addition
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. W. W. Kara		☐ DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	TADDRES	s				CH	ange	Addition
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. W. a. Comp			4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRES ST-ZIP							Addition
1	Country 25  9. Name and Address of Current  TE, JOHN M.  TREDEGAR DRIVE T MYERS FL 33919-9235  to the provisions of Sections 607.056 egistered agent, or both, in the State of familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AT  PTD GIZZIE, JOHN M. 1617 TREDEGAR DRIVE FORT MYERS FL SD GIZZIE, LOUISE W. 1617 TREDEGAR DRIVE FORT MYERS FL  VAT	#, etc. Su #, etc. Su  Country Zip  25 29  9. Name and Address of Current Registere  TE, JOHN M. TREDEGAR DRIVE T MYERS FL 33919-9235  to the provisions of Sections 607.0502 and 607.1 egistered agent, or both, in the State of Florida. Sm familiar with, and accept the obligations of, Se  Signature, typed or printed name of registered agent and title if app  OFFICERS AND DIRECTO  PTD  GIZZIE, JOHN M.  1617 TREDEGAR DRIVE FORT MYERS FL 33919  SD  GIZZIE, LOUISE W.  1617 TREDEGAR DRIVE FORT MYERS FL 33919  VAT  GIZZIE, JOHN W. 251 NORTH MAIN ST	Acce of Business  #, etc.  Builte, Apt. #, etc.  City & State  28  Country  Zip  25  9. Name and Address of Current Registered Agent  TE, JOHN M.  TREDEGAR DRIVE T MYERS FL 33919-9235  to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Florida Statute of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Florida Statute of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Florida Statute of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Florida Statute of Florid	#, etc.  #, etc.  Suite, Apt. #, etc.  City & State  28  Country  25  29  30  9. Name and Address of Current Registered Agent  IE, JOHN M.  TREDEGAR DRIVE T MYERS FL 33919-9235  83  84  to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. Such change was authorized by m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13.  PTD  GIZZIE, JOHN M.  1617 TREDEGAR DRIVE FORT MYERS FL  39/9  DELETE  11. TITLE GIZZIE, LOUISE W.  1617 TREDEGAR DRIVE FORT MYERS FL  39/9  DELETE  21. TITLE GIZZIE, JOHN W.  22. NAME 23. STREE FORT MYERS FL  31. STREE FORT MYERS FL  32. STREE FORT MYERS FL  33. STREE FORT MYERS FL  31. STREE FORT MYERS FL  32. NAME 32. NAME 32. NAME 32. NAME 33. STREE MEADVILLE PA  34. CITY-	#, etc.  Suite, Apt. #, etc.  City & State  28  Country  Zip  Country  All (IfY-ST-Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	Suite, Apt. #, etc.   Suite, Apt. #, etc.	3. Date Incorporate  acc of Business  2a. Mailing Address 2b. Suite, Apt. #, etc.  5 Suite, Apt. #, etc.  5 Certificate of State  6 Election Campaig  Trust Fund Contr  2b. State  2country 2cou	Bo Not Well   Substitute   Su	DO NOT WRITE IN THIS S   3. Date Incorporated or Qualifed   08/10/1987	ace of Business    2a. Mailing Address   2a.	Bot Not Writte in This space   3. Date Incorporated or Qualifed   08/10/1987   3. Fig. 1. Sec.   3.

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 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 of on an attachment with an address, with all other like empowered. SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

05-05-1999 90003 011 \*\*\*150.00