Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90155 031 \*\*\*150.00

## 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

## DOCUMENT # K31616

1. Corporation Name

QUEENS HARBOUR REALTY, INC.

GOLLING											
Principal Place of Business Mailing Address							1 19918111 200 11101 111010 11101 111010 1111				• • • • • • • • • • • • • • • • • • • •
2325 ULMERTON RD. 2325 ULMERTON RD.											
20							50 MET MOTE N. T.				
CLEARWATER FL 34622 CLEARWATER FL 34622							DO NOT WRITE IN TH	15 5	PACE		
us us .						3.	Date Incorporated or Qualifed				
						٠.	08/22/1988			Τ.	
Principal Place of Business 2a. Mailing Address										olied For	
21 26						<u>  ·</u>	.59-2959907-				Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certificate of Status Desired				dditional
22		27				<u> </u>			_ <del></del>	e Re	quired
City & Stat	le	City & State			6.	Election Campaign Financing		<b>\$</b> 5.	.00	May Be	
23		28				Trust Fund Contribution		Ade	ded to	Fees	
Zip	Country	Zip	Zip Country				This corporation owes the current year I	ntar	gible		_
24	25	29 30	_			<u></u>	Personal Property Tax.	[	Yes		□No
	9. Name and Address of Current	Registered Agent		_		10.	Name and Address of New Registere	d A	gent		
			81		Name				•		
Fred B Bullard Jr.					Street Address (P.O. Box Number is Not Acceptable)						
2325 ULMERTON RD				1	Street Addres	55 (F	O. Box Number is Not Acceptable)				
STE 20			83	+							
CLEARWATER FL 34622			L.								
				1	City		F	1	85	Zip C	ode
agent. I a	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of famili	ons of, Section 607.0505, Florida	Statutes	š.	gnature required v	when re					
12.	OFFICERS AND	DIRECTORS	13.			-	ADDITIONS/CHANGES TO OFFICERS A	AND	DIRE	CTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE						Cha	nge	☐ Addition
NAME	BULLARD, FRED B. J		1.2 NAME								
STREET ADDRESS	COOR LUMEDTON DD CTE CO		1.3 STREET ADDRESS								
	OLEAPMANTED EL		1.4 CITY-ST-ZIP		Ì						
CITY-ST-ZIP TITLE			2.1 TITLE					Cha	nge	☐ Addition	
		<del>-</del>		2.2 NAME					_		
NAME	DENNI, NEDECON O					,					
STREET ADORESS			2.3 STREET ADDRESS								
CITY-ST-ZIP			2.4 CITY-ST-ZIP					Cha	nge	Addition	
ULTE			3.1 TITLE				-				
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE				•				
CITY-ST-ZIP		[] No. ste	3.4. CITY-5	ST-Z	ZIP				Cha	nae	Addition
TITLE		☐ DELETE	4.1 TITLE							iigo	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	TAL	DDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-Z	<u>up</u>						
TITLE			5.1 TITLE	IπTLE					Cha	nge	☐ Addition
NAME			5.2 NAME		1						
STREET ADDRESS			5.3 STREE	TAL	DORESS						}
CITY-ST-ZIP	540			ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE					Ī	Cha	nge	Addition
NAME .			6.2 NAME								
CYDEET ADDDESS			6.3 STREET	TAL	DDRESS						1

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

6.4 CITY+ST+ZIP

**SIGNATURE:** 

727-576-6424