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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # K55853

(1)

RG GULF COAST DEVELOPMENT, INC.

Mailing Address

FILED May 05 1997 8:00am Secretary of State

6245 RIVER COUNTRY OR SPRING HILL FL 34607		8245 RIVER COUNTRY DR SPRING HILL FL 34607-2137							
						3. Date Incorporated or Qualified 01/05/1989	3a. Date of Last Report 04/19/1996		
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2925124	Applied For Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt #, etc.				Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curren	l Registered Agent				10. Name and Address of New Re	gistered /	Agent	
	VER, R.S.			81	Name				
8245 RIVER COUNTRY DR. SPRING HILL FL 34607				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
			Ī	В3					
			1	84	City		FL.	<b>85</b> Zij	o Code
office of r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such chance was	authorized	l hv	named cor the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of t the appo	changing pintment a	its registered as registered
SIGNATURE	Signature, typod or printed name of registered age	nt and title diapplicable (NC)	U Registered	Agen	t signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		18.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC10	DRS IN 12
TITLE	DP GLOVER, RALPH	☐ DELETE	13 70	LE				Change	Addition
NAME	8245 RIVER COUNTRY DRIVE		1.2 NAI						
STREET ADDRESS CITY-ST-ZIP	SPRINGHILL FL				DORESS				
TITLE	DVP	DELETE	1.4 CIT 2.1 TITI		ZIP			Change	Addition
NAME	GLOVER, GARY		2.2 NAI					Onlange	, Hoomon
STREET ADDRESS	8245 RIVER COUNTRY DRIVE		2.3 STF	REET A	DDRESS				
CITY-ST-ZIP	SPRINGHILL FL		2 4 CII	IY-SI	- ZIP				1
TITLE	DST DUED DUE	☐ DELETE	3 1 101	LE				☐ Change	Addition
NAME	GLOVER, RUTH		3.2 NA	ME					
STREET ADDRESS	8245 RIVER COUNTRY DRIVE SPRINGHILL FL				DDRESS				
CITY-ST-ZIP TITLE	OTTOTOTOL I E	DELETE	3.4. CIT 4.1 TITI		- ZIP			Chann	Addition
NAME			4.1 TO					Change	Addition
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			4.4 CiT						
TITLE		DELETE	5.1 TITE					Change	Addition
NAME			5.2 NAM	ME					
STREET ADDRESS			5.3 STR	KET1 A	DORESS				
CITY-ST-ZIP		Division	5.4 CIT		ZII <sup>1</sup>			<u> </u>	
TITLE NAME		☐ DELETE	6.1 7(1)					Change	Addition
STREET ADDRESS			6.2 NAM		DDRESS				
CITY-ST-ZIP			6.4 CIT						
			0.7 ()]		<u></u>				

I do 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 cyporation 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 yelchanged, or on ay attachingly with an address.

352-597-2100