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Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90073 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # M08747

1. Corporation Name

PAN GULF REALTY CORP.

Principal Place of Business

STAR RT. 1, BOX 540  
PORT ST. JOE FL 32456

Mailing Address

STAR RT. 1, BOX 540  
PORT ST. JOE FL 32456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1984

4. FEI Number

59-2500164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 149 Boardwalk Ave

2a. Mailing Address

26 149 Boardwalk Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port St Joe, FL

City & State

28 Port St Joe, FL

Zip

Country

Zip

Country

24 32456

25

29 32456

30

9. Name and Address of Current Registered Agent

SCHONBERG, IRA D.

STAR RT. 1, BOX 540 149 Boardwalk Ave  
PORT ST. JOE FL 32456

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PS  
NAME SCHONBERG, IRA D.  
STREET ADDRESS STAR RT. 1, BOX 540 149 Boardwalk Ave  
CITY-ST-ZIP PORT ST. JOE FL

☐ DELETE

TITLE TD  
NAME SCHONBERG, IRA D.  
STREET ADDRESS STAR RT. 1, BOX 540 149 Boardwalk Ave  
CITY-ST-ZIP PORT ST. JOE FL

☐ DELETE

TITLE AT  
NAME KALEY, RICHARD  
STREET ADDRESS HC 1-106 CAPE AVENUE 149 Boardwalk Ave  
CITY-ST-ZIP PORT ST. JOE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99  
Date

850-249-8390  
Daytime Phone #

CR2E034 (11/98)