FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M67715** **(6)**

1. Entity Name
EAST GULF INVESTMENT, INC.

Principal Place of Business
4360 ESTERO BLVD
FT. MYERS FL 33931

Mailing Address
4360 ESTERO BLVD
FT. MYERS FL 33931

3. Date Incorporated or Qualified: **02/10/1988**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip | 24 | Country | 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip | 29 | Country | 30

4. FEI Number: **65-0030350** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLISON, LARRY
17274 SAN CARLOS BLVD
STE 202
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name: Denver L. Pratt
82 Street Address (P.O. Box Number is Not Acceptable): 9375 Crocus Ct
83
84 City: Ft Myers | FL | 85 Zip Code: 33912

11. Pursuant to the provisions of Section 607.0502, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned corporation has authorized the below-signed to make this change. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

Signature: Denver L. Pratt | Date: 1/17/96

12. OFFICERS AND DIRECTORS

P
FLORKEY, TIMOTHY A.
4360 ESTERO BLVD.
FT. MYERS FL
ST
FRY, LARRY L
4360 ESTERO BLVD.
FT. MYERS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report is a true name.

SIGNATURE: ✓ Timothy A Florkey — TIMOTHY A. FLORKEY — 1-18-96 — 1-800-456-6402 EXT 6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)