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FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003890 (8)

1. Corporation Name

GUL INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

105 SHELBY DR  
LAKE CITY FL 32055

105 SHELBY DR  
LAKE CITY FL 32055-3234

3. Date Incorporated or Qualified  
07/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 600 East Baya Avenue  
Suite, Apt. #, etc.

26 P.O. Box 1691  
Suite, Apt. #, etc.

4. FEI Number  
59-3398355

Applied For  
Not Applicable

22 City & State  
Lake City, FL

27 City & State  
Lake City, FL

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 Zip  
32025

Country

28 Zip  
32055-1691

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUL, GUNEY S  
105 SHELBY DR  
LAKE CITY FL 32055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
600 East Baya Avenue

83

84 City Lake City

FL 85 Zip Code  
32025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GUL, GUNEY S  
STREET ADDRESS 105 SHELBY DR  
CITY-ST-ZIP LAKE CITY FL 32055 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME BUNN, BARRY D  
STREET ADDRESS HILLCREST DRIVE  
CITY-ST-ZIP LAKE CITY FL 32055 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME KNAPP, ALFRED J  
STREET ADDRESS 370 N 5TH ST  
CITY-ST-ZIP LAKE CITY FL 32055 (Deceased) ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME MCLENDON, ROY D  
STREET ADDRESS RT 8, BOX 388  
CITY-ST-ZIP LAKE CITY FL 32055 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)