Applied For

Not Applicable

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT DE STATE

Kathering Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # N9600003890

**GUL INTERNATIONAL, INC.** 

Principal Place of Business 600 EAST BAYA AVENUE LAKE CITY FL 32025

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

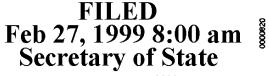
P.O. BOX 1691 LAKE CITY FL 32056-1691

2a. Mailing Address

Suite, Apt. #, etc.

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27



02-27-1999 90041 047 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

07/23/1996

59-3398355

4. FEI Number

City & Stat	е	City & State			5. Certificate of Status Desired		/ <b>5</b> Add			
23	28					F6	e Requ	ired		
Žip	Country	Zip	Country		6. Election Campaign Financing	\$5	.00 M	ay Be		
24	25	29 30	30		Trust Fund Contribution	Added to Fees		Fees		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			81	Name	е					
GUL, GUNEY S				Strac	at Address (P.O. Box Number is Not Acceptable)					
				30,60	or Address (1.0. box (fullbar to fiet / toop water)					
RT 12 BOX 462 FAWN DR LAKE CITY FL 32025										
LAKE CITT PL 32023				84 City 85 Zip Code						
			84	City		FL  85	Zip Cui	u <del>e</del>		
11. Pursuant	to the provisions of Sections 617,0502 a	nd 617.1508. Florida Statutes,	the above	-name	d corporation submits this statement for the purpo	se of changir	ng its re	gistered		
office or n	egistered agent, or both, in the State of i	Florida. Such change was auth	norized by	the cor	poration's board of directors. I hereby accept the	appointment .	as regis	tered		
agent. I a	m familiar with, and accept the obligation	is or, Section 617.0003, Florida	a Statutes	•	•					
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE: Re	egistered Acer	t signatur	e required when reinstating)	ITE		<del></del>		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRE	CTORS	S IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Ch	ange	Addition		
NAME	GUL. GUNEY S		1.2 NAME							
STREET ADDRESS			1.3 STREET	ADDRES	s					
	LAKE CITY FL 32055		1.4 CITY-S							
CITY-ST-ZIP	VP COELETE		2.1 TITLE		VP .	<b>≥</b> Cha	inge	Addition		
NAME	MCLENDON, ROY	XX	2.2 NAME		Elbert White	•	-			
	0T 4 BOY 000			ADDRES	1340 Poplar St					
STREET ADDRESS			2.4 CITY-S		Take City, Fl 32025					
CITY-ST-ZIP	LAKE CITY FL 32055	DELETE	3.1 TITLE	17-ZIF	Take CITY, FI 32023 _	∑ <b>C</b> ha	ange	Addition		
	CUI DENEE	A	3.2 NAME		Lamar Dunras	, –	-			
NAME !	GUL, RENEE		3.3 STREET	- ADDDES	Lamar Dupree 625 Theresa St.					
STREET ADDRESS	··· · · · · · · · · · · · · · · ·									
CITY-ST-ZIP	LAKE CITY FL 32025	DELETE	3.4. CITY-S 4.1 TITLE	1- ZIP	Lake City, Fl 32025	F. Chi	ange	Addition		
TITLE	D DUDDEE LAMAD	XX	4.1 HILE		Sec	> 1.	. •	/Ί		
NAME	DUPREE, LAMAR			- 4 DDDCC	Linda White					
STREET ADDRESS			4.3 STREE		1340 FODIAL SU					
CITY-ST-ZIP	LAKE CITY FL 32055	Fanci etc	4.4 CITY-S	r-ZIP	Lake City, Fl 32025	\_\Chi	ange	Addition		
TITLE	D	∏ DELETE X	5.1 IIILE 5.2 NAME		D Wasaila Bassasi asa	****	90			
NAME	WHITE, ELBERT			LOBBER	Hugh Dampier					
STREET ADDRESS					* RT 14 Box 4170					
CITY-ST-ZIP	LAKE CITY FL 32025	[T] per ete	5.4 CITY-S	1-ZIP	Lake City, FL 32025		ange	Addition		
TITLE	D	XX DELETE			D D	, r=3 <sub>6</sub> <0,	ango			
NAME	Dampier, Hugh		6.2 NAME		Renee Gul					
STREET ADDRESS	*** ** = = : : : : :		6.3 STREET		INC 12 DOX 101					
CITY-ST-ZIP	LAKE CITY FL 32024		6.4 CITY-S		Lake City, FL 32055		the inf-			
14. I hereby o	certify that the information supplied with	his filing does not qualify for th	ne exempt	on stat	red in Section 119.07(3)(i), Florida Statutes, I furth	er certify triat	ine inic that i a	m an		

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am all 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED