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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003890

1. Corporation Name

GUL INTERNATIONAL, INC.

Principal Place of Business

600 EAST BAY AVENUE
LAKE CITY FL 32025
US

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/23/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3398355	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GUL, GUNEY S
RT 12 BOX 462 FAWN DR
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUL, GUNEY S	1.2 NAME	
STREET ADDRESS	RT 12 BOX 462 FAWN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLENDON, ROY	2.2 NAME	Elbert White
STREET ADDRESS	RT 8, BOX 388	2.3 STREET ADDRESS	1340 Poplar St
CITY-ST-ZIP	LAKE CITY FL 32055	2.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUL, RENEE	3.2 NAME	Lamar Dupree
STREET ADDRESS	RT 12 BOX 462 FAWN DR	3.3 STREET ADDRESS	625 Theresa St.
CITY-ST-ZIP	LAKE CITY FL 32025	3.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Sec <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPREE, LAMAR	4.2 NAME	Linda White
STREET ADDRESS	625 THERESA ST	4.3 STREET ADDRESS	1340 Poplar St.
CITY-ST-ZIP	LAKE CITY FL 32055	4.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ELBERT	5.2 NAME	Hugh Dampier
STREET ADDRESS	1340 POPLAR ST	5.3 STREET ADDRESS	RT 14 Box 4170
CITY-ST-ZIP	LAKE CITY FL 32025	5.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMPIER, HUGH	6.2 NAME	Renee Gul
STREET ADDRESS	RT 14 BOX 4170	6.3 STREET ADDRESS	Rt 12 Box 462
CITY-ST-ZIP	LAKE CITY FL 32024	6.4 CITY-ST-ZIP	Lake City, FL 32055

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

904-758-3603

Date

Daytime Phone #

CR2E037 (1/98)