

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90008 022 \*\*\*\*65.25

**DOCUMENT # N96000003890**

1. Entity Name

GUL INTERNATIONAL, INC.



Principal Place of Business

729 OCEAN BLVD.  
ST. SIMONS ISLAND GA 31522  
US

Mailing Address

PO BOX 21678  
ST. SIMONS ISLAND GA 31522  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3398355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAUNCEY, CARL  
516 MARYMAC STR. SE  
LIVE OAK FL 32064

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carl Chauncey*

Signature, typed or printed name of registered agent and title if applicable.

*Carl Chauncey*

(NOTE: Registered Agent signature required when installing)

9-08-04

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO GUL, GUNY 102 HIDDEN LAKES DRIVE BRUNSWICK GA 31525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOVP JOHNSTON, MATTHEW 195 HAMPTON POINT DRIVE ST. SIMONS ISLAND GA 31522	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSO KEANEY, JOSEPH E JR 170 W. DESOTO DR. SEA ISLAND GA 31561-0256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNN, BARRY LAKE CITY COMMUNITY CHURCH COLLEGE LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT BAKER, AL 61 PREBYTERICAN CHURCH 48 HAMPTON P DR SAINT SIMONS ISLAND GA 31522	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, BILL 729 OCEAN BOULEVARD SAINT SIMONS ISLAND GA 31522	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Chauncey, Carl 516 Marymac Str, SE Live Oak, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gunny Gul*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-04

Date

912-554-8058

Daytime Phone #