

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90010 042 \*\*\*150.00

DOCUMENT # P93000004855

1. Corporation Name  
GULF PLACE CORPORATION

Principal Place of Business  
4444 WEST SCENIC HWY., 30-A  
SANTA ROSA BEACH FL 32459  
US

Mailing Address  
4444 WEST SCENIC HWY 30-A  
SANTA ROSA BEACH FL 32459  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/21/1993

4. FEI Number  
59-3172549

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

RICHARD J. ROOKIS  
4444 WEST SCENIC HWY. 30-A  
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE PD  
NAME ANDREWS, ANGUS  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL

TITLE VPD  
NAME ABBOTT, WILLIAM  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL 32541

TITLE D  
NAME ABBOTT, STEPHEN  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL 32541

TITLE VPD  
NAME VANDIVER, CHARLES  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL 32541

TITLE STD  
NAME STEINER, JAMES  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

(850) 267-3400

Daytime Phone #

CR2E034 (11/98)

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