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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000021015 (1)

1. Corporation Name

REGENT GULF CORP.

Principal Place of Business

7800 BAYBERRY RD
JACKSONVILLE FL 32256
US

Mailing Address

7800 BAYBERRY RD
JACKSONVILLE FL 32256-6856
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0400368

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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

(By which type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CLABAUGH, JAMES E
STREET ADDRESS 406 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE TAS ☒ DELETE

NAME FULLERTON, ROBERT C
STREET ADDRESS 7800 BAYBERRY RD, STE 100
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☒ DELETE

NAME MCCULLOUGH, PAM
STREET ADDRESS 406 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDS ☒ Change ☐ Addition

1.2 NAME CLABAUGH, JAMES E.
1.3 STREET ADDRESS 201 Gulf of Mexico Drive
1.4 CITY-ST-ZIP Longboat Key, FL 34228

2.1 TITLE S ☐ Change ☐ Addition

2.2 NAME FULLERTON, ROBERT C.
2.3 STREET ADDRESS 7800 BAYBERRY ROAD
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/97

Date

0040097

CP2E034 (9/96)