

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90135 012 ***158.75

DOCUMENT # P93000049542

1. Corporation Name
GRAND POINTE, INC.



Principal Place of Business
220 W GARDEN STREET
SUITE 605
PENSACOLA FL 32501

Mailing Address
C/O THOMAS W. SYLTE
605 SUN BANK TOWER
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/08/1993

4. FEI Number

59-3222870

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

9. Name and Address of Current Registered Agent

SYLTE, THOMAS W
605 SUN BANK TOWER
220 W GARDEN STREET
PENSACOLA FL 32501

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 D ☐ DELETE

NAME SYLTE, MARY F
STREET ADDRESS 220 W GARDEN ST SUITE 605
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME MEEK, ABBIE E
STREET ADDRESS 220 W GARDEN ST SUITE 605
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME BURCHARDT, EDWINA
STREET ADDRESS 220 W GARDEN ST SUITE 605
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME GUND, TED G
STREET ADDRESS 220 W GARDEN ST SUITE 605
CITY-ST-ZIP PENSACOLA FL

TITLE VP ☐ DELETE

NAME SYLTE, THOMAS W
STREET ADDRESS 220 W GARDEN ST SUITE 605
CITY-ST-ZIP PENSACOLA FL

TITLE P ☒ DELETE

NAME MEEK, WILLIAM
STREET ADDRESS 220 W GARDEN ST SUITE 605
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME SYLTE, THOMAS W
1.3 STREET ADDRESS 220 W GARDEN St. Suite 605
1.4 CITY-ST-ZIP PENSACOLA FL

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME MEEK, ABBIE E
2.3 STREET ADDRESS 220 W GARDEN St. Suite 605
2.4 CITY-ST-ZIP PENSACOLA FL

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 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

THOMAS W. SYLTE

4/14/99

Date

850-434-6830

Daytime Phone #

CR20934 (11/98)

0567453