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FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000066912 (5)

1. Corporation Name  
G N K DEVELOPMENT, INC.

Principal Place of Business  
504 VAN BUREN STREET  
FT. WALTON BEACH FL 33547  
US

Mailing Address  
504 VAN BUREN STREET  
FT. WALTON BEACH FL 32541  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/20/1993

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3211622

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVAGE, RUSSELL (DOC)  
504 VAN BUREN STREET  
FORT WALTON BEACH FL 32547

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVP  
NAME SAVAGE, RUSSELL (DOC)  
STREET ADDRESS 504 VAN BUREN STREET  
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE T  
NAME WALL, KEITH  
STREET ADDRESS 4687 LOVEGRASS LANE  
CITY-ST-ZIP CRESTVIEW FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 3468 Shoreline Circle  
2.4 CITY-ST-ZIP Palm Harbor, FL

TITLE S  
NAME HUTCHENS, LAURIE  
STREET ADDRESS 915 BEACHVIEW DRIVE  
CITY-ST-ZIP FORT WALTON BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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.

CP2E034 (10/97)