

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Garcia B. Norrman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

90 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085602 (9)

1. Corporation Name:

GULF SHORE DEVELOPMENT II, INC.

Principal Place of Business:

1774 KILLDEER CR.
VENICE FL 34293

Mailing Address:

1774 KILLDEER CR.
VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1993

3a. Date of Last Report

04/11/1994

4. FFI Number

65-0461069

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 litigation tax under 215, F.S.
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, PAMELA B
1774 KILLDEER CR.
VENICE FL 34293

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 607.05(2) and 607.12(2), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director

Signature typed or printed name of registered agent or director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D

NAME

BRADY, RICHARD W
315 PINE GLEN WAY
ENGLEWOOD FL 34223

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY & STATE

2. TITLE

D

NAME

BRADY, ROBERT W
5227 SIESTA COVE DR.
SARASOTA FL 34242

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY & STATE

3. TITLE

D

NAME

SULLIVAN, PAMELA B
1774 KILLDEER CR.
VENICE FL 34293

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY & STATE

4. TITLE

NAME

5. TITLE

NAME

6. TITLE

NAME

7. TITLE

NAME

8. TITLE

NAME

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY & STATE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY & STATE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.05(5), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make certain that I am an officer or director of the corporation of the person or persons empowered to make this report as required by Chapter 405, Florida Statutes, and that my name appears on the filing of this report or on any amendment with an address.

SIGNATURE:

PAMELA B. SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA B. SULLIVAN

4/29/95

813-443-4216