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Mar 31 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 # P94000009357 (2)

1. Corporation Name

LUXURIOUS FLORIDA GULF, INC.

Principal Place of Business

11720 US HWY 19 N
STE #14
PORT RICHEY FL 34668

Mailing Address

11720 US HWY 19 N
STE #14
PORT RICHEY FL 34668-1050



3. Date Incorporated or Qualified
01/28/1994

3a. Date of Last Report
09/26/1996

2. Principal Place of Business

21 18940 EMERALD RIDGE DR.

Suite, Apt. #, etc.

22 HUDSON, FL

City & State

23 HUDSON, FL

Zip

24 34667

Country

25 USA

2a. Mailing Address

26 P.O. Box 5043

Suite, Apt. #, etc.

27 HUDSON, FL

City & State

28 HUDSON, FL

Zip

29 34694-5043

Country

30 USA

4. FEI Number

59-3221233

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

9. Name and Address of Current Registered Agent

KINSLEY, ANTONY E
11720 US HWY 19 N.
STE #14
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

KINSLEY, ANTONY E

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

18940 EMERALD RIDGE DR.

83

84 City

HUDSON

FL

85 Zip Code

34667

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KINSLEY, ANTONY E
STREET ADDRESS 18940 EMERALD RIDGE DR
CITY-ST-ZIP HUDSON FL 34667

TITLE VTS
NAME KINSLEY, CATHERINE
STREET ADDRESS 18940 EMERALD RIDGE DR
CITY-ST-ZIP HUDSON FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE: *AKinsley* ANTONY E. KINSLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/1997 813-868-8902

Date

Daytime Phone #

CR2E034 (9/96)