## SECOND NÔTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT. CORPORATION ANNUÁL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT-OF ISTATE Sandra B. Morthain

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000025487 (7)

**GULF REGION DEVELOPMENT. INCORPORATED** 

APPROVED AND FILED 97 DEC 31 PM 4: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

A RECUIRED DIN BOTTO DIRECTOR AND A CONTRACTOR OF THE CONTRACTOR O

Principal Place	of Business	Mailing Address			
Principal Place of Business  13160-1 OAKMONT DR FORT MYERS FL 33907		13160-1 OAKMONT DR FORT MYERS FL 33907			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
				03/31/1994	01/26/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0487167	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7φ	Country	8. This corporation owes or has pa	id the current year Intangible
24	25	[29]	30	Personal Property Tax due June	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	X, JANELLE E		81 MAG	ex. Robert B.	
13160-1 OAKMONT DR				ldress (P.O. Box Number is Not Acceptab	
Ç <b>≜</b> FOR'	T MYERS FL 33907			60.1 Oakmmt	Urwe
y					* · · · * · · · · · · · · · · · · · · ·
				ort Myers	FL 53907
11. Pursuant t	o the provisions of Sections 607.050 egistered agent or both, in the State	)2 and 607.1508, Florida Stati e of Florida -Such change was	ites, the above-named oc authorized by the corpor	orporation submits his statement for the pration's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
agent. I a	r lamilia and accept the obtio	ations of, Section 607.0505, f	lorida Statutos.	, .	حماساما
SIGNATURE	Signature, type or printed name of registered aga	THE STATE OF THE S	4F. Registeren Agent signature re-	nuited whom reinstaling)	
12.	OF FICERS AN		1 13.	APDITIONS/CHANGES 10 OFFIC	CERS AND DIRECTORS IN 12
TITLE	PSTD		1.1 THE	VICE PRESIDENT	Change 📈 Addition
NAME	MARX, JANELLE E		1.2 NAME	Robert B. Marx	- J
STREET ADDRESS	13160-1 OAKMONT DR.		1.3 STREET ADDRESS	131601 variment	Dave
CITY-ST-ZIP	FT. MYERS FL 33907	· · · · · · · · · · · · · · · · · · ·	1.4 CHY- \$1-7(F)	Ft. Myers, Fl.	33907
TITLE *		L. I DELITIE	2111111	•	Change Addition
NAME Oni			2.2 NAME		
T ADDRESS			2.3 STREET ADDRESS	7000023	3916177
CITY-ST-ZIP TITLE		DEITTE	2. 4 CHY-S1 - ZIP 3.1 THE	-01/06/	3916177 7980110665-01176ddiio
NAME			3 2 NAME	米米米市55	50.00 ****\$550.00
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ \$1 - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	. 1	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-7IP		Change Addition
TITLE		· [7] DOLLE	5.1 TITLE 5.2 NAME	N / A	1 A C I briange Mounton
NAME CENTER ADDRESS			5.2 NAME 5.3 STREET ADDRESS	4-11	-110
STREET ADDRESS CITY-ST-ZIP			54 CITY-ST-7IP	į t	•
TITLE		DETETE	61 THE		Change Addition

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), I lorida 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.

6.3 STREET ADDRESS

62 NAME