SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P94000054731

GULF COAST TURF OF FORT MYERS, INC.

an officer or director of the comporation or the receiver or trustee emporin Block 12 or Block 13 if manged, or on an attachment with an address

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90011 016 ***550.00

~			·		
Principal Place	e of Business	Mailing Address		THE REAL PROPERTY OF THE PARTY	
3066 MICHIGAN AVE		3066 MICHIGAN AVE		1	•
FT MYERS FL	33916	FT MYERS FL 33916		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	THE THIS SPACE
				07/21/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
11		26		65-0510558	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- Cosset at State Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	· []
4	[25]	29	30	Intangible Personal Property.	Yes No
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Re-	gistered Agent
HAI	MILTON, JOSEPHINE B		di Name	Josephine HAM	i 1400
4308 ZANA DRIVE			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)	
	MYERS FL 33916		83		
			63		
			84 City		85 Zip Code
11. Pursuant				poration submits this statement for the purp	FL S E S S S S S S S S
office or	registered agent, or both, in the St	ate of Florida. Such change was a	authorized by the corpora	ition's board of directors. I hereby accept	the appointment as registered
•	am familiar with, and accept the ob	ingations of, section (or .0000, 1 ic	rida Statutes.		
•	arm familiar with, and accept the ob-		TE: Registered Agent signature re	equired when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered OFFICERS			equired when reinstating) ADDITIONS/CHANGES TO OFFIG	
SIGNATURE	Signature, typed or printed name of registered of OFFICERS	agent and title if applicable (NC	TE: Registered Agent signature re		CERS AND DIRECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS PD HAMILTON, JOSEPHINE	agent and title if applicable (NC	TE: Registered Agent signature re		CERS AND DIRECTORS IN 12
SIGNATURE 12. TILE WAME	Signature, typed or printed name of registered OFFICERS PD HAMILTON, JOSEPHINE 4308 ZANA DRIVE	agent and title if applicable (NC	TE: Registered Agent signature re 13. 1.1 TITLE		CERS AND DIRECTORS IN 12
SIGNATURE 12. TILE VAME STREET ADDRESS	Signature, typed or printed name of registered of PD HAMILTON, JOSEPHINE 4308 ZANA DRIVE FT MYERS FL 33905	agent and title if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		CERS AND DIRECTORS IN 12 Change Addition
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