

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

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

07-15-1999 90011 016 ***550.00

DOCUMENT # P94000054731

1. Corporation Name

GULF COAST TURF OF FORT MYERS, INC.

Principal Place of Business

3066 MICHIGAN AVE
FT MYERS FL 33916

Mailing Address

3066 MICHIGAN AVE
FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1994

4. FEI Number

65-0510558

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 owes the current year
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

HAMILTON, JOSEPHINE B
4308 ZANA DRIVE
FT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name

Josephine Hamilton

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
HAMILTON, JOSEPHINE
4308 ZANA DRIVE
FT MYERS FL 33905

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD
GREEN, WILLIE TROY
1731 RALEIGH STREET
FT MYERS FL 33916

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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

Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)