

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084212 (7)**

1. Corporation Name

**GULFCREST MOTEL, INC.**



Principal Place of Business

**102 CAROLYN AVE.  
PANAMA CITY BEACH FL 32407**

Mailing Address

**102 CAROLYN AVE.  
PANAMA CITY BEACH FL 32407**

2. Principal Place of Business

2a. Mailing Address

21. Sub: Apt. #, etc.

26. Sub: Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**DALTON, ROBERT  
102 CAROLYN AVE.  
PANAMA CITY BEACH FL 32407**

3. Date Incorporated or Qualified

**11/14/1994**

3a. Date of Last Report

**01/27/1995**

4. FET Number **59-3285870**  
**APPLIED FOR**

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

10. Name and Address of New Registered Agent

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 607.0502 and 607.1506, 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 of Agent or Director (Type or Print Name)

Date Registered Agent or Director (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P**  
**DALTON, ROBERT H**  
STREET ADDRESS **102 CAROLYN AVE.**  
CITY-STATE-ZIP **PANAMA CITY BEACH FL 32407**

2. TITLE ☐ DELETE

NAME **ST**  
**DALTON, AUDREY C**  
STREET ADDRESS **102 CAROLYN AVE.**  
CITY-STATE-ZIP **PANAMA CITY BEACH FL 32407**

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Robert H Dalton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert H Dalton**

**1/24/96**

**234-3328**  
EXEMPT FEE

CR2E034 (12/95)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 02-07-95  
NUMBER OF THIS NOTICE: CP 575 B  
EMPLOYER IDENTIFICATION NUMBER: 59-3285870  
FORM: SS-4 (TELE-TIN)  
0716822905 B

X

GULFCREST HOTEL INC  
102 CAROLYN AVE  
PANAMA CITY BEACH FL 32407

FOR ASSISTANCE CALL US AT:  
354-1760 LOCAL JACKSONVILLE  
1-800-829-1040 OTHER FL

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Tele-TIN phone call. We assigned you employer identification number (EIN) 59-3285870. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941  
Form 1120  
Form 940

02/02/95  
03/15/96  
01/31/96

If the due date has passed please complete the form and send it to us by 02-22-95. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.