FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023629 (5)

GULAS AT THE BEACHSIDE, INC.

Principal	Place	of B	lusiness

Mailing Address

14 VIA DELUNA DRIVE

14 VIA DELUNA DRIVE
PENSACOLA REACH EL 32561-3004

FILED Jun 06 1997 8:00am Secretary of State



remonocen p	Choil FE 98901	TENDADOLA DEADITIE O	2001-2004						
				3. Date Incorporated or Qualified 03/22/1995	lepart				
	Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For				
21	· 18 W.	26				59-3302234			ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		City & State						Fee Re	
City & State	6	 			6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , , ,			
Zip	Country	28	Country			Trust Fund Contribution			
24	25	29	30	n y		8. This corporation has liability for in Florida Statutes	itangible t Yos 🗀		. 199.032,
24]	9. Name and Address of Current		1301			10. Name and Address of New Reg			
LIND	OGREN, DON			81	Name				
	1/4 DELUNA DRIVE				<u> </u>				
#40			l'	82	Street Ac	ddress (P.O. Box Number is Not Acceptabl	e)		
. ,	SACOLA BEACH FL 32561		-	83					
1 614	ONGODY BENOTH E GEOGY		1						
			[1	B4	City		FL	85 Zip I	Code
11. Pursuant	to the provisions of Sections 607 0502	and 607,1508. Florida Statu	tes the ab	ove.	-named co	progration submits this statement for the pr		banging il	s registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was	authorized	by	the corpo	orporation submits this statement for the praction's board of directors. I hereby accep	t the appo	intment as	registered
•	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	iorida Statu	nes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	1F: Registered	Anen	nt signal re re	quired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	P/S	DELETE	1.1 111	E	Ī	resident ITreasurer		Change	Addition
NAME	JOHNSON, JAMES E.	•	1.2 NA	ME	נֿ	Don C. Lindgren 14 Via Daluma Pr.			
STREET ADDRESS	310 LARUNA DR.		1.3 STR	EET A	ADDRESS	14 Via Doluma Pr.			
CITY-ST-ZIP	GULF BREEZE FL 32561		1.4 CIT	Y-ST	·ZiP	Pensacola Beach, FL	3250	. 1	
TITLE	V/T	DELETE	2.1 7/11			Charles Carry		Change	Addition
NAME	LINDGREN, DON		2.2 NA	ME		a -	2		
STREET ADDRESS	14 VIA DELUNA DRIVE, #402		2.3 STH	REET A	ADDRESS				
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		2.4 0(1	Y - S1	T- 21P				
TITLE		DELE 1E	3.1 7170	·F			[Change	Addition
NAME			3.2 NA	ME	1				
STREET ADDRESS			33518	EET A	ADDRESS				
CITY-ST-ZIP			3 4 . Crī	Y-S1	T-7IP				
THILE		☐ DELETE	4 1 1111	E				Change	Addition
NAME			4. 2 NA	Μέ					
STREET ADDRESS			4.3 STF	REET #	ADDRESS				
CITY-ST-ZIP			4.4 CIT	y-S1	-ZIP		_		
TITLE		DELETE	5.1 T(T)	.E			[Change	Addition
NAME			5.2 NAM	ΛE					
STREET ADDRESS			5 3 STR	EET A	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST	· ZIP				
TITLE		DELETE	6.1 T/TL	Æ				Change	Addition
NAME			6.2 NAM	ИE					
STREET ADDRESS			6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-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 changili, or on an attachment with an address.

4/02/97