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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000026445 (3)**

1. Corporation Name

GULF FRONT DEVELOPMENT, INC.

Principal Place of Business

**316 S. BAYLEN ST., SUITE 280
PENSACOLA FL 32501**

Mailing Address

**316 S. BAYLEN ST., SUITE 280
PENSACOLA FL 32501**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**MOORHEAD, STEPHEN R
4300 BAYOU BLVD.
SUITE 13
PENSACOLA FL 32504**

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 607.1503, 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

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME **LEVIN, ALLEN R**
STREET ADDRESS **316 S. BAYLEN ST., SUITE 280**
CITY-STATE-ZIP **PENSACOLA FL 32501**

TITLE D [] DELETE

NAME **RINKE, ROBERT**
STREET ADDRESS **400 QUIETWATER BEACH RD., #10**
CITY-STATE-ZIP **PENSACOLA BEACH FL 32561**

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CITY-STATE-ZIP

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

2. NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

3. NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

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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 person or persons 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (904) 435-1160

CR2E034 (12/95)