


FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90038 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000031444

1. Corporation Name
GULFSTREAM EQUIPMENT CORP.

Principal Place of Business
409 N PINE MEADOW
DEBARY FL 32713
US

Mailing Address
409 PINE MESDOW
DEBARY FL 32713
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/19954. FEI Number
59-3306192

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 **SAME AS ABOVE**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **Same as above**
 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

27 Zip Country

9. Name and Address of Current Registered Agent

~~KNAUST, WARREN J~~
~~2730 CENTRAL AVE.~~
~~ST. PETERSBURG FL 33712~~

10. Name and Address of New Registered Agent

81 Name **JOHN T. ALLISON**
 82 Street Address (P.O. Box Number is Not Acceptable)
409 N. PINE MEADOWS DR
 83
 84 City **DEBARY** FL 85 Zip Code **32713**

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

John T. Allison
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-14-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
 NAME **ALLISON, JOHN T**
 STREET ADDRESS **%2730 CENTRAL AVE.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ DELETE
 NAME **JOHN T. ALLISON**
 STREET ADDRESS **409 N. PINE MEADOWS DR**
 CITY-ST-ZIP **DEBARY FLA 32713**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME **JOHN T. ALLISON**
 1.3 STREET ADDRESS **409 N. PINE MEADOWS DRIVE**
 1.4 CITY-ST-ZIP **DEBARY FLA 32713**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John T. Allison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99
 Date

Daytime Phone #

CR2E034 (11/98)