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

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000031995 (0)

GULF DEVELOPMENT GROUP, INC.

## **FILED** Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						s (amiidds ing raigt mitti daitt daitt antil Antil Antil Antil Antil	1010 10110 10	KOT OTTE FOR
	ENTIAL COURT S.W.	6249 PRESIDENTIAL COUL	6249 PRESIDENTIAL COURT S.W.					
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FI. MIENS F	£ 23818	FI. MTERS FL 33919	FT. MYERS FL 33919			3. Date incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing Address				04/07/1995 4. FEI Number		antiad Fac
21		26				65-0623385		pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<del></del>	
22		27			Certificate of Status Desired     Section			
City & State			City & State					
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	·			8. This corporation owes or has paid the curre		
24	25 29 30							
	9. Name and Address of Curre					10. Name and Address of New Registered A		
DIC	KERSON, DAVID F			81	Name		<del></del>	
6249 PRESIDENTIAL COURT S.W.					O	(DO D. H		
SUITE E				82	2 Street Address (P.O. Box Number is Not Acceptable)			
FT. MYERS FL 33919				83				
	MILIOIL GOOD		[					
				84	City	FL	<b>65</b> Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the obove named corporation submits this statement for the pursuant for the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the obove named corporation submits this statement for the pursuant for								
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 as			d Agen	t signature req	quired when reinstating) DATE		· · ·
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	PSTD	☐ DELETE	१.१ सा	LE		L	Change	Addition
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NAME		<u> </u>	5.2 NA			_		
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CITY-ST-ZIP								
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STREET ADDRESS					DDDECC			
					DDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-	ZIP			

14. Thereby certify that the information supplied with this filing does not quality 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 file 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 roceiver or trusted in the corporation of the roceiver of trusted in the corporation of the roceiver of the roceive