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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P95000046508 (4)**

1. Corporation Name
FREELAND GULF ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2310 ARBOUR WALK CIRCLE. UNIT 1212 NAPLES FL 33942	2310 ARBOUR WALK CIRCLE. UNIT 1212 NAPLES FL 34109-6881

3. Date Incorporated or Qualified: **06/15/1995**
3a. Date of Last Report: **07/09/1996**

2. Principal Place of Business
21: 3470 BayshoRE Dr.
22: Suite, Apt. #, etc.
23: City & State: Naples, FL
24: Zip: 34112
25: Country

2a. Mailing Address
26: 1229 Eggert's Landing
27: Suite, Apt. #, etc.: 204
28: City & State: Naples, FL
29: Zip: 34108
30: Country

4. FEI Number: **65-0587448** ☐ 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

9. Name and Address of Current Registered Agent

FREELAND, DAVID E
2310 ARBOUR WALK CIRCLE, UNIT 1212
NAPLES FL 33942

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 607.1508, 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: [illegible] (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FREELAND, DAVID E	1.2 NAME	
STREET ADDRESS	2310 ARBOUR WALK CIRCLE, UNIT 1212	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FREELAND, EARLENE E	2.2 NAME	
STREET ADDRESS	2310 ARBOUR WALK CIRCLE, UNIT 1212	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: David E Freeland 3-19-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D4 14334