

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000051238 (0)**

1. Corporation Name

GULF PLACE CORP. OF SOUTH WALTON, INC.



Principal Place of Business

Mailing Address

506 HIGHWAY 98, EAST
DESTIN FL 32541

506 HIGHWAY 98, EAST
DESTIN FL 32541

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report
1995 N/A

21 2. Principal Place of Business
19 Sea Winds Dr. Walton Co.

2a. Mailing Address
19 Sea Winds Dr.

4. FEI Number
59-3357703
~~59-3172549~~

Applied For
Not Applicable

22 Suite, Apt. #, etc.
City & State

27 Suite, Apt. #, etc.
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Santa Rosa Bch., FL**

28 **Santa Rosa Bch., FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32459** Country **USA**

29 Zip **32459** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAEMER, MARY K
727 HIGHWAY 98, EAST
DESTIN FL 32541**

81 Name **Richard J Rookis**
82 Street Address (P.O. Box Number is Not Acceptable)
19 Sea Winds Drive
83
84 City **Santa Rosa Bch., FL** 85 Zip Code **32459**

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 *Richard J. Rookis*, **Richard J. Rookis, General Manager 1-16-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBOTT, WILLIAM W JR.	
STREET ADDRESS	506 HIGHWAY 98, EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBOTT, STEPHEN J	
STREET ADDRESS	506 HIGHWAY 98, EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STENER, JAMES R JR.	
STREET ADDRESS	506 HIGHWAY 98, EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN DIVER, CHARLES H III	
STREET ADDRESS	506 HIGHWAY 98, EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, ANGUS G JR.	
STREET ADDRESS	4444 WEST COUNTY ROAD 30A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 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: *Angus G. Andrews, Jr.* **Angus G. Andrews, Jr. 1-16-96 (904)267-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)