

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

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

19 SEAWINDS DR  
SANTA ROSA BEACH FL 32459  
US

Mailing Address

19 SEA WINDS DR  
SANTA ROSA BEACH FL 32459-4347  
US



2. Principal Place of Business

2a. Mailing Address

21 4444 West Scenic Hwy 30-A 26 4444 West Scenic Hwy 30-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Santa Rosa Bch., FL

28 Santa Rosa Bch., FL

Zip

Country

Zip

Country

24 32459

25

29 32459

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3357703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

RICHARD J. ROOKIS  
19 SEA WINDS DR  
SANTA ROSA BEACH FL 32459

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4444 West Scenic Hwy 30-A

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

5-1-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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:

Angus G. Andrews, Jr.

Angus G. Andrews, Jr.

5-1-97 (904) 267-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)