

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000055970 (4)

1. Corporation Name

GATLIN COMMERCIAL BUILDING, INC.



Principal Place of Business

Mailing Address

250 HAMPTON PLACE
JUPITER FL 33458

250 HAMPTON PLACE
JUPITER FL 33458

2042-2098 Hayworth Ave 501 S.E. Cliff Rd.
Port St. Lucie, FL Port St. Lucie, FL

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

4. FEI Number

65-0605513

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

10. Name and Address of New Registered Agent

JONES, JOHN D
250 HAMPTON PLACE
JUPITER FL 33458

501 S.E. Cliff Rd.
Port St. Lucie, FL
34984

81 Name

John Jones

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

P.O. Box 7296

83 501 S.E. Cliff Rd.

Port St. Lucie

FL

85 Zip Code
34984

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0603, Florida Statutes.

SIGNATURE

John Jones

DATE: 2-8-96

12 OFFICERS AND DIRECTORS

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	☐ DELETE
NAME	JONES, JOHN D	
STREET ADDRESS	250 HAMPTON PLACE	
CITY-STATE-ZIP	JUPITER FL 33458	
TITLE	STD	☐ DELETE
NAME	JONES, MARGARET A	
STREET ADDRESS	250 HAMPTON PLACE	
CITY-STATE-ZIP	JUPITER FL 33458	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2. TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

John Jones

John Jones

2-8-96

407-8785050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)