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Apr 22 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 # P95000068399 (1)

1. Corporation Name
OCEAN GATE DEVELOPMENT, INC.

Principal Place of Business
1904 U.S. 1 SOUTH -
ST. AUGUSTINE FL 32084

Mailing Address
1904 U.S. 1 SOUTH -
ST. AUGUSTINE FL 32086-4233



2. Principal Place of Business
21 4730 AIA SOUTH
Suite, Apt. #, etc.

2a. Mailing Address
26 4773 AIA SOUTH
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

3. Date Incorporated or Qualified
08/31/1995
3a. Date of Last Report
05/01/1996

4. FEI Number
59-3331835
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

LAURENCE, ROBERT J
1904 U.S. 1 SOUTH
ST. AUGUSTINE FL 32084

81 Name

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

280 RIVERSIDE BLVD

83 894 AIA BEACH BLVD

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

Signature of agent or president 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
NAME
LAURENCE, ROBERT J
STREET ADDRESS
1904 U.S. 1 SOUTH
CITY - ST - ZIP
ST. AUGUSTINE FL 32084

1.1 TITLE
P/D
1.2 NAME
1.3 STREET ADDRESS
280 RIVERSIDE BLVD
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
V
2.2 NAME
LESLIE R GALLAGHER
2.3 STREET ADDRESS
270 RIVERSIDE BLVD
2.4 CITY - ST - ZIP
ST AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
T
3.2 NAME
ROGER W. MCCLAIN
3.3 STREET ADDRESS
221 SWALLOW RD
3.4 CITY - ST - ZIP
ST AUGUSTINE FL 32086

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
S
4.2 NAME
ROSLYN LAURENCE
4.3 STREET ADDRESS
280 RIVERSIDE BLVD
4.4 CITY - ST - ZIP
ST AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)