

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90069 046 ***158.75

0101165

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000085133

1. Corporation Name
GULFSTREAM PROCUREMENT, INC.

Principal Place of Business
**4505 SOUTH GOLDENROD ROAD
ORLANDO FL 32822**

Mailing Address
**4505 SOUTH GOLDENROD ROAD
ORLANDO FL 32822**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21
Suite, Apt. #, etc.
22 **9649 Tradeport Dr**
City & State
23 **Orlando, FL**
Zip
24 **32827** Country
25 **USA**

2a. Mailing Address

26 **P.O. Box 621148**
Suite, Apt. #, etc.
27
City & State
28 **Orlando, FL**
Zip
29 **32862-1148** Country
30 **USA**

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

59-3417506

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WHITTINGTON, DALE
4505 S GOLDEN ROD RD
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

81 Name **DALE Whittington**
82 Street Address (P.O. Box Number is Not Acceptable)
9649 TRADEPORT DR.
83
84 City **Orlando** FL 85 Zip Code
32827

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

Dale Whittington

4/28/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	WHITTINGTON, NERISSA	
STREET ADDRESS	4505 SOUTH GOLDENROD ROAD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	ZIEGLER, JACK	
STREET ADDRESS	4505 S GOLDEN ROD RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9649 TRADEPORT DR
1.4 CITY-ST-ZIP	ORLANDO FL 32827
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 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, with all other like empowered.

SIGNATURE:

Dale Whittington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

Daytime Phone #

CR2E034 (11/98)