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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030384

1. Corporation Name

FLORIDA GULF WEST, INC.

Principal Place of Business

1102 RADCLIFFE AVENUE
LYNN HAVEN FL 32444

Mailing Address

1102 RADCLIFFE AVENUE
LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

59-3382727

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

SOTT, RONALD C
1102 RADCLIFFE AVENUE
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

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

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SOTT, RONALD C
STREET ADDRESS ~~1237 CROOKED LANE~~ 1102 Radcliff Ave
CITY-ST-ZIP LYNN HAVEN FL 32409 32444

TITLE S ☐ DELETE
NAME MCKEE, VERONICA A
STREET ADDRESS ~~1608 MICHIGAN AVENUE~~ 1237 Crooked Lane
CITY-ST-ZIP PANAMA CITY FL 32409

TITLE P ☐ DELETE
NAME MCKEE, JONATHAN D
STREET ADDRESS 1237 CROOKED LANE
CITY-ST-ZIP PANAMA CITY FL 32409

TITLE T ☐ DELETE
NAME SOTT, GERRY DEE
STREET ADDRESS 1102 RADCLIFF AVENUE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman/Director ☒ Change ☐ Addition
1.2 NAME Ronald C. Sott
1.3 STREET ADDRESS 1102 Radcliff Ave
1.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Veronica A. Mskee
2.3 STREET ADDRESS 1237 Crooked Lane
2.4 CITY-ST-ZIP PANAMA City, FL 32409

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME Jonathan D. Mskee
3.3 STREET ADDRESS 1237 Crooked Lane
3.4 CITY-ST-ZIP PANAMA City, FL 32409

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Gerry Dee Sott
4.3 STREET ADDRESS 1102 Radcliff Ave
4.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

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

6.1 TITLE ☐ Change ☐ 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:

Ronald C. Sott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 265-9084
Date Daytime Phone #

CR2E034 (11/98)