

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG 28 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000031016 (4)**

1. Corporation Name

GULF AVIATION INC.

Principal Place of Business

**165 CESSNA DRIVE
SUITE 100
PORT ST. JOE FL 32456**

Mailing Address

~~**165 CESSNA DRIVE
SUITE 100
PORT ST. JOE FL 32456-7370**~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

59-3376513

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CULLEN, JOHN F JR
165 CESSNA DRIVE
~~SUITE 100~~
PORT ST. JOE FL 32456**

10. Name and Address of New Registered Agent

81 Name **Cullen JOHN F. JR**
82 Street Address (P.O. Box Number is Not Acceptable)
165 CESSNA DRIVE Suite 300
83
84 City **Port St Joe** **FL** **85** Zip Code **32456**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CULLEN, JOHN F JR	
STREET ADDRESS	165 CESSNA DRIVE, STE 300	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULLEN, JOHN F III	
STREET ADDRESS	7010 S 30	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CULLEN, LAURIE M	
STREET ADDRESS	7010 S 30	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
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	Cullen JOHN F. JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	165 CESSNA DRIVE Suite 300
1.3 STREET ADDRESS	Port St Joe, FL 32456
1.4 CITY-ST-ZIP	Port St Joe, FL 32456
2.1 TITLE	Cullen JOHN F. III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	737 OWASO
2.3 STREET ADDRESS	DAYTONIA Peach, Florida
2.4 CITY-ST-ZIP	800002636568
3.1 TITLE	-09/10/98-01077-006
3.2 NAME	****952.50 ****158.75
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 checked="" 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.

SIGNATURE:

1998

CR2E034 (5/98)

John F. Cullen Jr.

2

August 25, 1998

Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Secretary of State:

I am the resident agent for several corporations listed below. Earlier this year I was in an aircraft accident which broke my back and have been quite incapacitated since. I had left the annual reports at my office to be filed and thought that they in fact had been. When I finally got back to my office (the accident happened in Central Florida) I could not find a record or the paperwork. I called your office to verify filing dates and status. When I did, your office informed me that in fact none had been filed. Your office asked that I write a letter explaining the situation and ask that the late filing fee be waived due to the extenuating circumstances in this case.

I will greatly appreciate any assistance you can give me in this situation.

The corporations I am referring to are as follows:

John F. Cullen Construction, Inc.
Gulf Aviation Inc.
Gulf International Properties Inc.
Four "C" Construction & Property Management Inc.
Leisure Isle Development Corporation
FRANKLIN BUILDING INC

Document # V03986
" P96000031016
" S07392
" M91056
" P95000057091
* *P92000010599*

As you can imagine I am panicked about the annual reports therefore the annual reports are attached with the corresponding original fees.

Sincerely,

John F. Cullen Jr.
John F. Cullen Jr.
Resident Agent

Will Pick up Monday

~~*[Signature]*~~

*Give this
File date*

*8/31/98
10:00AM*

RECEIVED
98 AUG 28 PM 4:23
DIVISION OF CORPORATION