

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

FILED
Jun 03 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P96000035085 (5)**

1. Corporation Name

GULF VIEW CONSTRUCTION, INC.



| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 808 35TH AVE DR W PALMETTO FL 34221 | 808 35TH AVE DR W PALMETTO FL 34221-5808 |

| | |
|--------------------------------|--------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1004 B 60th Ave Ter W | 26 1004 B 60th Ave Ter W |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Bradenton, FL | 27 |
| City & State | City & State |
| 23 | 28 Bradenton, FL |
| Zip | Zip |
| 24 34207 | 29 34207 |
| Country | Country |
| 25 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 04/15/1996 | |
| 4. FEI Number | Applied For |
| 65-0666664 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | \$5.00 May Be Added to Fees |
| 6. Election Campaign Financing Trust Fund Contribution | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|--|
| 9. Name and Address of Current Registered Agent |
| CHASEY, JOHN 808 35TH AVE DR W PALMETTO FL 34221 |

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name Richard L. Barringer JR. |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 1004 B 60th Ave Ter W |
| 83 |
| 84 City |
| Bradenton |
| FL |
| 85 Zip Code |
| 34207 |

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 Richard L. Barringer 5/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | CHASEY, JOHN |
| STREET ADDRESS | 808 35TH AVE DR W |
| CITY-ST-ZIP | PALMETTO FL 34221 |
| 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 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Barringer, Richard L |
| 1.3 STREET ADDRESS | 1004 B 60th Ave Ter W |
| 1.4 CITY-ST-ZIP | Bradenton FL 34207 |
| 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 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 Richard L. Barringer JR 5/31/97 (404) 260-5555

CR2E034 (9/96)