

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051464 (1)
1. Corporation Name
COUNTRY GULLS, INC.

Principal Place of Business: 91260 OVERSEAS HIGHWAY
TAVERNIER FL 33070
Mailing Address: 91260 OVERSEAS HIGHWAY
TAVERNIER FL 33070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1996	
21. Suite, Apt. #, etc.		25. Suite, Apt. #, etc.		4. Fed Number 65-0695355	
22. City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent DREYER, THOMAS D 91260 OVERSEAS HIGHWAY TAVERNIER FL 33070				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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature's typewritten printed name of registered agent and file if applicable

(NOTE: Registered Agent Signature Required When Registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DREYER, THOMAS D. 91260 OVERSEAS HWY. TAVERNIER FL	11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	☐ DELETE	15 TITLE	☐ Change ☐ Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY-ST-ZIP		18 CITY-ST-ZIP	
TITLE	☐ DELETE	19 TITLE	☐ Change ☐ Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-ST-ZIP		22 CITY-ST-ZIP	
TITLE	☐ DELETE	23 TITLE	☐ Change ☐ Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-ST-ZIP		26 CITY-ST-ZIP	
TITLE	☐ DELETE	27 TITLE	☐ Change ☐ Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-ST-ZIP		30 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	35 TITLE	☐ Change ☐ Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY-ST-ZIP		38 CITY-ST-ZIP	
TITLE	☐ DELETE	39 TITLE	☐ Change ☐ Addition
NAME		40 NAME	
STREET ADDRESS		41 STREET ADDRESS	
CITY-ST-ZIP		42 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:

Thomas D. Dreyer

THOMAS D. DREYER

1/26/98 305-852-8244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

0160607

CR2E034 (10/97)