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

PROFIT '\*
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham\_

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000058650 (8)

DEER ISLAND GCC, INC.

Principal Place of Business

Mailing Address

## FILED Sep 15 1997 8:00am Secretary of State



SAS DELANEY AVE., BUILDING 6 ORLANDO FL 32801		P.O. BOX 2501 ORLANDO FL 32002-25	P.O. BOX 2501 ORLANDO FL 32602-2501				
					<ol> <li>Date Incorporated or Qualified 07/12/1996</li> </ol>	3a. Date of	Last Report
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26			59-3389357		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #; etc.			5. Certificate of Status Desired		<b>8.75</b> Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Ba Added to Fees
Zip 24	Country 25	Zip	Country 30	,	8. This corporation has liability for a Florida Statutes	ntangible tax t	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agen	it
	BB, JOHN L		81	Name			
	DELANEY AVE., BUILDING 6 ANDO FL 32801		82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
			83				
· ·			84	City	<del> </del>	FL 85	Zip Code
agent. I a	im familiar with, and accept the oblin				poration submits this statement for the partition's board of directors. I hereby acceptions when reinstating	DAIL	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D COLDE	☐ DELETE	1.1 10148				Change
NAME STREET ADDRESS	Webb, John L 545 Delaney Ave., Buildin	NO R	1.2 NAME 1.3 STREE	AUUDEEC			
City-St-Zip	ORLANDO FL 32801	14.0	1.4 CiTY - S				
TITLE	D	☐ DELETE	211111	/ Fi			Change
NAME	TRAMELL, JOE B		22 NAME			* *	
STREET ADDRESS	545 DELANEY AVE., BUILDIN	<b>VG</b> 6	2.3 \$1REE	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801	DELFTE	2. 4 CITY-	S1 - ZIP		·	Change Addition
TITLE NAME		L) of tells	3.1 11TLE 3.2 NAME			יש	and fine wind (fit)
STREET ADDRESS				ADDRESS			
CITY-S1-ZIP			3.4 CITY-				
TITLE		DETELE	4.1 TITLE				Change Addilion
NAME			4. 2 NAME	}			
STREET ADDRESS			4.3 STREE				r
CITY-ST-ZIP		☐ DELETE	4.4 CHY-5	ST-ZIP			Change N   NAddition
TITLE NAME		□ bttere	5.1 TALE 5.2 NAME			السا	Surgrande 1 California
STREET ADDRESS				F ADDRESS			. W.,
CITY-ST-ZIP			5.4 CHY-			•	
TITLE		DELETE	G.1 TITLE	<del></del>			Change Addition
NAME	٠,		6.2 NAME		90000229 -09/15/970110	121U55 14002	1
STREET ADORESS			6.3 STREET	ADDRESS	***558.75	000	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	ಕಾಹಾಕಾವವಣ್ಣ 1ವ		

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 articular with an address.

CICMATURE.

Aliska 1

407-872-7919