

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000067846 (1)

1. Corporation Name
GULF PLACE CABANAS, INC.

Principal Place of Business
19 SEA WINDS DRIVE
SANTA ROSA BEACH FL 32459

Mailing Address
19 SEA WINDS DRIVE
SANTA ROSA BEACH FL 32459-4347



3. Date Incorporated or Qualified 08/09/1996
3a. Date of Last Report

4. FEI Number 59-339 8871
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 4444 West Scenic Hwy 30-A
Suite, Apt. #, etc.

2a. Mailing Address
26 4444 West Scenic Hwy 30-A
Suite, Apt. #, etc.

22 City & State
23 Santa Rosa Bch., FL

27 City & State
28 Santa Rosa Bch., FL

24 Zip 32459
25 Country

29 Zip 32459
30 Country

9. Name and Address of Current Registered Agent

BLUE, ROB JR.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name Richard J. Rook's
82 Street Address (P.O. Box Number is Not Acceptable)
4444 West Scenic Hwy. 30-A
83
84 City Santa Rosa Bch. FL 85 Zip Code 32459

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 J. Rook's* Richard J. Rook's 5-1-97
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, ANGUS G JR.	
STREET ADDRESS	19 SEA WINDS DRIVE	
CITY - ST - ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBOTT, WILLIAM W JR.	
STREET ADDRESS	19 SEA WINDS DRIVE	
CITY - ST - ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINER, JAMES R JR.	
STREET ADDRESS	19 SEA WINDS DRIVE	
CITY - ST - ZIP	SANTA ROSA BEACH FL 32459	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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: *Angus G. Andrews* Angus G. Andrews 5-1-97 (904) 267-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)