

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070552

1. Corporation Name

GULFSIDE PROPERTY MANAGEMENT, INC.

Principal Place of Business

4356 48 AVE. SOUTH
ST. PETERSBURG FL 33711

Mailing Address

4356 48 AVE. SOUTH
ST. PETERSBURG FL 33711

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90204 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

59-3394956

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 1065 Snell Isle Blvd. NE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 St. Petersburg FL

28

24 33704

29

25 USA

30

9. Name and Address of Current Registered Agent

MCDONALD, SANDRA L
4356 48 AVE. SOUTH
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

MCDONALD, SANDRA L

82 Street Address (P.O. Box Number is Not Acceptable)

1065 Snell Isle Blvd. NE.

83

84 City

ST. Petersburg, FL

85 Zip Code

33704

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

Sandra L. McDonald

NOTE: Registered Agent signature required when reinstating)

2-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCDONALD, SANDRA
STREET ADDRESS 369 6TH AVENUE N.
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE P ☐ DELETE

NAME MCDONALD, SANDRA
STREET ADDRESS 369 6TH AVENUE N.
CITY-ST-ZIP TIERRA FL 33715

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SAME
1.3 STREET ADDRESS 1065 Snell Isle Blvd. NE.
1.4 CITY-ST-ZIP ST. Petersburg, FL. 33704

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SAME
2.3 STREET ADDRESS 1065 Snell Isle Blvd. NE.
2.4 CITY-ST-ZIP ST. Petersburg, FL. 33704

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Sandra L. McDonald 2-11-99 727-894-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)