

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

FILED
May 15 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 # P96000098915 (7)
 1. Corporation Name
GAP CREEK DEVELOPERS, INC.



Principal Place of Business 385 HIGHWAY 98E SUITE 60 DESTIN FL 32541	Mailing Address 385 HIGHWAY 98E SUITE 60 DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1996	
21		26		4. FEI Number 59-3415352	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEGLER, MITCHELL W ONE INDEPENDENT DRIVE SUITE 3104 JACKSONVILLE FL 32202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOS, PETER H			1.2 NAME	BOS, PETER H.		
STREET ADDRESS	385 HIGHWAY 98E, SUITE 60			1.3 STREET ADDRESS	385 HWY 98E, STE 60		
CITY-ST-ZIP	DESTIN FL			1.4 CITY-ST-ZIP	DESTIN, FL 32541		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LORENZEN, DWIGHT			2.2 NAME			
STREET ADDRESS	385 HWY 98 E, 60			2.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	T/V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAUSON, GREG			3.2 NAME	CLAUSON, GREG		
STREET ADDRESS	385 HWY 98 E, 60			3.3 STREET ADDRESS	385 HWY 98E, STE 60		
CITY-ST-ZIP	DESTIN FL			3.4 CITY-ST-ZIP	DESTIN, FL 32541		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, WENDY			4.2 NAME			
STREET ADDRESS	385 HWY 98E, 60			4.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	BURKE, GAIL		
STREET ADDRESS				5.3 STREET ADDRESS	385 HWY 98E, STE 60		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DESTIN, FL 32541		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE _____ **Peter H. Bos** **4/1/98** **(850) 654-6500**

CR2E034 (10/97)