FILED

Mar 17, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000001745**1. Corporation Name

GULF COAST INVESTMENTS OF TIERRA VERDE, INC.

	·						
Principal Place of Business Mailing Address				((BBN(89) rid ifferi aftir dein geint geint genet fiest inen anen biu in			10: 5::: 150:
200 MADONNA BLVD. 200 MADONNA BLVD.							
TIERRA VERDE FL 33715 TIERRA VERDE FL 33715							
}					DO NOT WRITE IN THIS SP.	ACE	
					3. Date Incorporated or Qualifed 01/08/1997		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Appl	lied For
21		26			59-34171 <u>56</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Ad Fee Req	
City & Stat	e Total	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M	
Zip	Country	28	Count	n/			1 663
└	_ ′		30	,	This corporation owes the current year Intagg Personal Property Tax.		⊒No I
24	25		301		10. Name and Address of New Registered Age		
9. Name and Address of Current Registered Agent				1 Name	10. Italia Bita Addidas of flow Residence rige		
ARSENAULT, KENNETH G JR.							
10225 ULMERTON ROAD STE 2			8	2 Street A	Address (P.O. Box Number is Not Acceptable)		
LARGO FL 33771			ä	3			
				٦			ļ
			8	4 City	FL	B5 Zip Co	ode
11. Pursuant office or	Ugiot ^{e.}	 orida, Such change was auf 	rthorized b	y the corpo	corporation submits this statement for the purpose of cha pration's board of directors. I hereby accept the appointm	inging its re ent as regi	egistered stered
agent. I a	7	ns of, Section 607.0505, Flori	ida Statute	s.			Ì
SIGNAT INOTE: Registere			Decimand Ac	ent ekonoture re	equired when reinstating)	-	
12.		AND DIRECTORS	13.	portic angriculture re	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 11114	· · · · · · · · · · · · · · · · · · ·] Change	☐ Addition
NAME	QUINN, RICHARD A	_	1.2 NAMI				
STREET ADDRESS	200 MADONNA BLVD.		13 STRE	ET ADDRESS			
CITY-ST-ZIP	TIEDDA VEDDE EL 20745		1.4 CITY				
TITLE		☐ DELETE	2.1 TITLE] Change	Addition
NAME	,	_	2.2 NAM				ļ
STREET ADDRESS				ET ADDRESS			İ
}			2.4 CITY	į	·		
CITY-ST-ZIP		DELETE	3.1 TITLE			Change	Addition
NAME		_	3.2 NAM		•		}
STREET ADDRESS				ET ADDRESS			
			3.4 CITY				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE] Change	Addition
NAME			4, 2 NAM	- 1			
STREET ADDRESS			L	ET ADDRESS	•		
			4.4 CITY				}
CITY-ST-ZIP		DELETE	5.1 TITLE			Change	Addition
""LE			3., ,,,,	·	_		_

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 cath; that I am an officer or director of the corporation of the receiver or trustee embowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATUR

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition