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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000012120

**GULF BREEZE SERVICES INC.** 

701 NAUTILUS COURT MARCO ISLAND FL 34145

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90002 029 \*\*\*150.00



Principal Place of Business Mailing Address 701 NAUTILUS COURT MARCO ISLAND FL 34145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/06/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 1219 MISTRE MISLETOE CT 59-3449254 1219 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible Zip Country Zip Country □No ☐ Yes Personal Property Tax. 30 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALSH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 82 701 NAUTILUS COURT 1219 MISTEFAE MARCO ISLAND FL 34145 83 Zip Code 85 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, Seption 697.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 S AND DIRECTORS 13. OFFICER 12 Change ☐ DELETE 1.1 TITLE TITLE Walsh, Brian J 1.2 NAME NAME 701 NAUTILUS COURT 1.3 STREET ADDRESS MISTLETOE STREET ADDRESS MARCO ISLAND FL 34145 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CTY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ OELETE 4.1 TITLE TILE 4. 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TTDE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6,4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 changes of an attachment with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)