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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000018646**1. Corporation Name

NORTH/GULF COMMUNITY CONSULTANT, INC.

,								
Principal Place	e of Business	Mailing Address						210 0111 1001
536-B BECKRICH RD P O BOX 9911								
	BEACH FL 32407		PANAMA CITY BEACH FL 32417			DO NOT WRITE IN THIS	SPACE	
US US						3. Date Incorporated or Qualifed	- OI AOL	
						02/28/1997		-
		O- Mailing Addrson				4. FEI Number	Δnr	lied For
<u> </u>	lace of Business	2a. Mailing Address					ļ <u>-</u> -	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3432783	\$8.75 A		
-		\vdash	\vdash			5. Certifcate of Status Desired	Fee Rec	
City & State		City & State			6 Floation Compaign Financing	\$5.00		
<u> </u>	e	├ 	28			Trust Fund Contribution	Added to	
Zip	Country		Zip Country			8. This corporation owes the current year In	-	
	25	29	30	,		Personal Property Tax.		□No
24	9. Name and Address of Curr		130			10. Name and Address of New Registered	Agent	
	3. Name and Address of Cur	ent registores rigori		81	Name			
HES	S, BRIAN D		L	_				
9108 FRONT BEACH ROAD				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	AMA CITY BEACH FL 32407		F	83				
			[84	City	Fl	85 Zip C	ode
44 D	A. H	SCO COZ 1509 Elorido Statu	toe the ab	201/0	named corn	poration submits this statement for the purpose of	f changing its	egistered
l office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was a	authorized	by t	ne corporation	on's board of directors. I hereby accept the appo	intment as reg	istered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	orida Statu	tes.				Ì
SIGNATURE	Signature, typed or printed name of registered	A A A A A A A A A A A A A A A A A A A	E: Degistered	Agant	eignatura raguura	d when reinstating) OATE		
12.		AND DIRECTORS	13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	DELETE 11TI		LE			☐ Change	☐ Addition
NAME	CREEKMORE, TOM		1.2 N					
1	11212 FRONT BEACH ROAL	n			ADDRESS			
l l			1.4 CIT		1		•	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		2.1 TIT		· ZIF		Change	Addition
TITLE			2.2 NA		,		_ ,	_
NAME								
STREET ADDRESS	<u> </u>		9		ADDRESS	المصابع والمصابح المستان		
CITY-ST-ZIP		☐ DELETE	2.4 CF		T-ZIP		Change	Addition
TITLE		Detere	3.1 TIT					
NAME			3.2 NA					ļ
STREET ADDRESS				DEET	ADDRESS			
CITY-ST-ZIP								
TITLE			3.4. CI	TY-ST			Channe	Addition
NAME		DELETE	3.4. CI 4.1 TIT	TY-ST LE			Change	Addition
		☐ DELETE	3.4. CI	TY-ST LE			Change	Addition
STREET ADDRESS		☐ DELETE	3.4. CI 4.1 TIT 4. 2 N	TY-ST LE VME			Change	Addition
STREET ADDRESS CITY-ST-ZIP			3.4. Cf 4.1 TiT 4. 2 N/4 4.3 ST 4.4 CiT	TY-ST LE AME REET Y-ST	T-ZIP ADDRESS			
ļ		☐ DELETE	3.4. CF 4.1 TIT 4. 2 NA 4.3 ST 4.4 CIT 5.1 TIT	TY-ST LE AME REET Y-ST LE	T-ZIP ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP			3.4. Cf 4.1 TiT 4. 2 Ne 4.3 STi 4.4 CfT 5.1 TiT 5.2 NA	TY-ST LE AME REET Y-ST LE ME	T-ZIP ADDRESS -ZIP			
CITY-ST-ZIP TITLE			3.4. Cf 4.1 TiT 4. 2 Ne 4.3 STi 4.4 CfT 5.1 TiT 5.2 NA	TY-ST LE AME REET Y-ST LE ME	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME		☐ DELETE	3.4. CF 4.1 TH 4.2 NA 4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST 5.4 CH	TY-ST LE AME REET Y-ST LE ME REET TY-ST	T-ZIP ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CF 4.1 TH 4.2 NA 4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST	TY-ST LE AME REET Y-ST LE ME REET TY-ST	T-ZIP ADDRESS -ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CF 4.1 TH 4.2 NA 4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST 5.4 CH	TY-ST LE AME REET TY-ST LE ME REET TY-ST LE	T-ZIP ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition

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 op an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: