## 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 # **P97000022241**1. Corporation Name

GULF MINT, INC.

ace							
Principal Place	of Business	Mailing Address	Mailing Address		I (Beildel (18 tell) (CB): \$3(4) apill apill and		1967 (12) 700
2421 NW 41ST	STREET	PO BOX 12822					
SUITE A-2 GAINESVILLE FL 32604					DO NOT WRITE IN THIS	CDACE	
GAINESVILLE FL 32606 US					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 03/11/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26		59-3432404		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27			Fee Rec	<del></del>	
City & State	<i>؞؞؞؞؞؞؞؞</i> ؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞	City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Int		NEW .
24	25	29 30	0		Personal Property Tax.		<b>⊠</b> No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
NAA D	TIN TOTAL I	·	81	Name			
MARTIN, JOHN J 2421 NW 41ST STREET SUITE A-2			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
						<del>_</del> _	
GAIN	ESVILLE FL 32606		83				ļ
			84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t					<u>FL</u>	<u> </u>	
agent. I a	m familiar with, and accept the obligat Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	la Statutes		red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AF		
12.	0		<b>1</b> ——		ADDITIONS/CHANGES TO OFFICERO A	Change	Addition
TITLE	_		1.1 TITLE				
NAME	OAAA NIM AA OTOETT OTE A O		1.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE	_ ,		2.1 TITLE			☐ Onlange	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP -	<u> </u>	Change	Addition
TITLE	_		3.1 TITLE			Clarige	
NAME			3.2 NAME	ļ	•		į
STREET ADDRESS	3.3		3.3 STREE	TADDRESS			
CITY-ST-ZIP_			3.4. CITY-5	ST-ZIP			C Addition
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	i I		4, 2 NAME	ļ			
STREET ADDRESS	4.3 \$		4.3 STREE	T ADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREE	TADORESS			1
CITY-ST-ZIP			5,4 CITY-S	T-ZIP			
TITLE			6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(352) 371-3106

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90150 048 \*\*\*150.00