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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000043405 (4)

TREASURES BY THE GULF, INC.

FILED May 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- 4 18851087 614 10111 10017 40167 00071 00714 84111	H ade Hill Aifil A	YORK CHE CORP
8105 WEST GULF BLVD. #7 8105 WEST GULF BLVD. #7								
TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	3 SFACE	
						05/15/1997		f
2, Principal Place of Business 2a, Mailing Address						4. FEI Number		Applied For
21 8584	W. BULF BUD.	26				3934490	/ 🗻 💳	Not Applicable
Suite Apt.					· · · · · · · · · · · · · · · · · · ·	E. Carliffrate of Status Desired	\$8.75	Additional
22 #	# 4 27					5. Certificate of Status Desired	Fee I	Required
City & State City & State City & State City & State						6. Election Campaign Financing		O May Be
		28	I Country			Trust Fund Contribution		d to Fees
Zip 24 ろう7	22701		Country			8. This corporation owes or has paid the		Intangible
24	9, Name and Address of Current	29 Registered Agent	30	Γ		Personal Property Tax due June 30. 10. Name and Address of New Registere		□ NO
110		B		81	Name	iv.		
Myers, Robert J 1135 Pasadena Avenue South					0	(D.O. B Marris		
SUITE 140					Street Addre	ss (P.O. Box Number is Not Acceptable)		-
	PETERSBURG FL 33707			83				
J ,.	TELETION TE GOTO			-				
			i	84	City	F	L 85 Zip	p Code
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 Signature types or providing and application agent and the target are signature required when reinstating). DATE								
Signature typed or prodef new and registered agent and title trappendite. (NOTE Registated 12. OFFICERS AND DIRECTORS 13.					: signature required	ADDITIONS/CHANGES TO OFFICERS A		SPS IN 12
TITLE	PD	DELETE	1.110	TLE		ADDITIONS/OFFANGES TO OFFICE NO P	Change	
NAME	STAGGEMEIER, PEGGY J							
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TITLE	VSTD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	MCGOVERN, THOMAS J 23		2.2 NA	2.2 NAME				
STREET ADDRESS	8105 WEST GULF BLVD. #7		2.3 STREET ADDRESS		DORESS			
CITY-ST-ZIP	TREASURE ISLAND FL 33706		2. 4 CITY-ST-ZIP		- ZIP		·	
TITLE	VD	☐ DELETE		3.1 TITLE		•	☐ Change	Addition
NAME	ORRICK, VELMA		3.2 NA					
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CITY-ST-ZIP					- ZIP		☐ Change	Addition
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NAME CERTAINDECC	.*		4.2 N/		DDDECC			1
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NAME		F. 920-12	5.2 NAME					
STREET ADDRESS			5.3 STREET		ODRESS			{
CITY-ST-ZIP			5.4 CITY-S					ļ
TITLE		DELETE					Change	Addition
NAME		_	6.2 NA				•	ļ
STREET ADDRESS					DORESS			ł
CITY-ST-ZIP				TY-ST-	4			ļ
	ertify that the information supplied wit	h this filing does not qualify f				Section 119.07(3)(i), Florida Statutes. I further	certify that th	ne information

indicated on this annual report or supplies that had a accurate and that my signature shall have the same legal effect as if made under out; 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.

4-71-98