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

CITY-ST-ZIP

RROFIT HUORIDA DEPARTMENT OF STATE CORPORATION. Sandra B. MortKam ANNUAL REPORT FHLED Secretary of State DIVISION OF CORPORATIONS 1**9**98 98 JUH - 5 PM 2: 57 DOCUMENT # P97000091361 (0) SLÖKLIVARI OF STATE ALLAHASSEE FLORIDA MINIMININI INI INI INI INI INI INI INI GULF BREEZE GREETINGS, INC. Mailing Address Principal Place of Business 5235 SOUNDSIDE DRIVE 5235 SOUNDSIDE DRIVE **GULF BREEZE FL 32561 GULF BREEZE FL 32561** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Źφ Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GUNTER, REBECCA **B1** Name 5235 **SOUNDSIDE DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) **GÜLF BREEZE FL 32561** 83 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and lit in applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE TITLE 1.1 THEE **GUNTER, REBECCA** NAME 1.2 NAME **5235 SOUNDSIDE DRIVE** 800002557788--5 -06/12/98--01012--024 \*\*\*\*150.00 \*\*\*\*\*\*156.00\*\*\* STREET ADDRESS 1.3 STREET ADDRESS **QULF BREEZE FL 32561** CITY-ST-ZIP 1.4 City - St - 7/P DELETE TITLE 2.1 TITLE PUBH, OLIVIA D 2.2 NAME NAME 915 PANFERIO STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA BEACH FL 32561 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE **SCRIBNER, PATRICIA** NAME **3.2 NAME** 1176 FINCH DRIVE 3.3 STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 3 4. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 1 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Chang DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby certify that the information symplicd 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 reports, 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 of the receiver or justed unpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for an attachment with a stidress

(10/97)