

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000095842**  
Corporation Name  
**G.F. FORD, INC.**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90033 035 \*\*\*550.00



Principal Place of Business  
**475 CHARTER CLUB CIRCLE  
SUITE 3  
FORT MYERS FL 33919**

Mailing Address  
**8475 CHARTER CLUB CIRCLE  
SUITE 3  
FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**15278 CRICKET LN**  
Suite, Apt. #, etc.  
**26**

City & State  
**FT. MYERS FL**  
Zip  
**33919**

Country  
**LEE**

2a: Mailing Address  
**15278 CRICKET LN**  
Suite, Apt. #, etc.  
**27**

City & State  
**FT. MYERS FL**  
Zip  
**33919**

Country  
**LEE**

3. Date Incorporated or Qualified  
**11/10/1997**

4. FEI Number  
**65-0794541**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name  
**EDWARD DALLAS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**17274 SAN CARLOS BLVD STE 202**

83

84 City  
**FT MYERS BEACH**

85 Zip Code  
**FL 33931**

I, 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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-30-99**

OFFICERS AND DIRECTORS

LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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.

SIGNATURE:

**Gerald F. Ford PRES.** **6/30/99** **941-454-0668**

CR2E034 (5/99)