

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90014 039 ***150.00

DOCUMENT # P98000019309

1. Corporation Name
G.T. ROBERTSON, INC.

Principal Place of Business
34894 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address
34894 EMERALD COAST PARKWAY
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1998

2. Principal Place of Business

21 312 MEGGS DR NE.

Suite, Apt. #, etc.

City & State

23 FT. WALTON BCH, FL

Zip

24 32548

Country

25 OKALOOSA

2a. Mailing Address

26 312 MEGGS DR NE.

Suite, Apt. #, etc.

City & State

28 FT. WALTON BCH, FL

Zip

29 32548

Country

30 OKALOOSA

4. FEI Number

59-3497851

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 Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROBERTSON, GERALD T
34894 EMERALD COAST PARKWAY
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name ROBERTSON GERALD T.

82 Street Address (P.O. Box Number is Not Acceptable)

312 MEGGS DR N.E.

83

84 City FT. WALTON BCH

FL

85 Zip Code 32548

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

GERALD T. ROBERTSON PRES.

04/03/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GERALD T. ROBERTSON

STREET ADDRESS 312 MEGGS DR N.E.

CITY-ST-ZIP FT. WALTON BCH, FL 32548

TITLE ☐ DELETE

NAME JULIE M. HIGGINS-ROBERTSON

STREET ADDRESS 312 MEGGS DR N.E.

CITY-ST-ZIP FT. WALTON BCH, FL 32548

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/99

850-664-0216

Date

Daytime Phone #

CR2E034 (11/98)

0533990