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Apr 09 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S63391 (4)

1. Corporation Name

THE GREAT NORTH SOUTH CORPORATION

Principal Place of Business

749 BENTWATER CIRCLE #204
NAPLES FL 33963

Mailing Address

P. O. BOX 046
TRAVERSE CITY MI 49685-0946

3. Date Incorporated or Qualified

07/01/1991

3a. Date of Last Report

02/26/1996

4. FEI Number

65-0270067

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 2411 E. Tamiami Trail

Suite, Apt. #, etc.

22 Suite #201

City & State

23 Naples, FL

Zip

24 33962

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRAY, DAVID LEE
2411 E. TAMiami TRAIL, #201
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDT ☐ DELETENAME KOSTRZEWA, JOSEPH G
STREET ADDRESS 123 1/2 EAST FRONT ST.
CITY-ST-ZIP TRAVERSE CITY MI 49684TITLE PSD ☐ DELETENAME GRAY, DAVID LEE
STREET ADDRESS 749 BENTWATER CIRCLE #204
CITY-ST-ZIP NAPLES FL 33963TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CDT ☒ Change ☐ Addition1.2 NAME Kostrzewa, Joseph G.
1.3 STREET ADDRESS 123 1/2 East Front Street
1.4 CITY-ST-ZIP Traverse City, MI 496842.1 TITLE PSD ☒ Change ☐ Addition2.2 NAME Gray, David Lee
2.3 STREET ADDRESS 2411 E. Tamiami Trail, #201
2.4 CITY-ST-ZIP Naples, FL 339623.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR3/25/97 (614) 3265533
Date Daytime Phone #

CR2E034 (9/96)