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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S63391

1. Corporation Name

THE GREAT NORTH SOUTH CORPORATION

Principal Place of Business

Mailing Address

300 5TH AVE SOUTH #101
SUITE 440
NAPLES FL 32410
US

P. O. BOX 946
TRAVERSE CITY MI 49685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1991

4. FEI Number

65-0270067

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, DAVID LEE
300 5TH AVE SOUTH #101
SUITE 440
NAPLES FL 34102

81 Name
GRAY, DAVID LEE

82 Street Address (P.O. Box Number is Not Acceptable)
300 5th AVE SOUTH #101

83 SUITE 440

84 City
NAPLES

85 Zip Code
FL 34102

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDT ☐ DELETE
NAME KOSTRZEWA, JOSEPH G
STREET ADDRESS 123 1/2 EAST FRONT STREET
CITY-ST-ZIP TRAVERSE CITY MI 49684

1.1 TITLE CDT ☒ Change ☐ Addition
1.2 NAME KOSTRZEWA, JOSEPH G.
1.3 STREET ADDRESS 123 1/2 EAST FRONT STREET
1.4 CITY-ST-ZIP TRAVERSE CITY, MI 49684

TITLE PSD ☐ DELETE
NAME GRAY, DAVID LEE
STREET ADDRESS 300 5TH AVENUE SOUTH #101, SUITE 440
CITY-ST-ZIP NAPLES FL 34102

2.1 TITLE PSD ☒ Change ☐ Addition
2.2 NAME GRAY, DAVID LEE
2.3 STREET ADDRESS 300 5th AVENUE SOUTH #101, SUITE 440
2.4 CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1999 (616)929-4466

Date

Daytime Phone #

CR2E034 (11/98)