

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V03986** (9)  
1. Corporation Name  
**JOHN F. CULLEN CONSTRUCTION INC.**

Principal Place of Business

**165 CESSNA DR**  
~~SUITE 300~~  
**PORT ST. JOE FL 32456**

Mailing Address

**165 CESSNA DR**  
~~SUITE 300~~  
**PORT ST. JOE FL 32456**

**FILED**

**98 AUG 28 AM 9:01**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **165 CESSNA DRIVE**

22 **Suite 303**

23 **Port St Joe, FL**

24 **32456** 25 **USA**

2a. Mailing Address

26 **165 CESSNA DRIVE**

27 **Suite 303**

28 **Port St Joe, FL**

29 **32456** 30 **USA**

3. Date Incorporated or Qualified

**01/03/1992**

4. FEI Number

**59-3111817**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CULLEN, JOHN F**  
**165 CESSNA DRIVE**  
~~**SUITE 107**~~  
**PORT ST JOE FL 32456**

10. Name and Address of New Registered Agent

81 Name **Cullen JOHN F. JR**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**165 CESSNA DRIVE**  
83 **Suite 300**  
84 City **Port St Joe** FL 85 Zip Code **32456**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **CULLEN, JOHN F.**  
STREET ADDRESS ~~**7010 HWY 630**~~  
CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**Cullen JOHN F. JR** ☒ Change ☐ Addition  
**165 CESSNA DRIVE Suite 300**  
**PORT ST JOE, FL 32456**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition  
**000002636570-0**  
**-09/10/98-01077-006**  
**\*\*\*952.50 \*\*\*158.75**

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

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.

SIGNATURE

**John F. Cullen**

**850**  
**228-2177**

CR2E034 (5/98)

**John F. Cullen Jr.**

August 25, 1998

Secretary of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Dear Secretary of State:

I am the resident agent for several corporations listed below. Earlier this year I was in an aircraft accident which broke my back and have been quite incapacitated since. I had left the annual reports at my office to be filed and thought that they in fact had been. When I finally got back to my office (the accident happened in Central Florida) I could not find a record or the paperwork. I called your office to verify filing dates and status. When I did, your office informed me that in fact none had been filed. Your office asked that I write a letter explaining the situation and ask that the late filing fee be waived due to the extenuating circumstances in this case.

I will greatly appreciate any assistance you can give me in this situation.

The corporations I am referring to are as follows:

John F. Cullen Construction, Inc.  
Gulf Aviation Inc.  
Gulf International Properties Inc.  
Four "C" Construction & Property Management Inc.  
Leisure Isle Development Corporation  
*FRANKLIN BUILDING INC*

Document # V03986  
" P96000031016  
" S07392  
" M91056  
" P95000057091  
\* *P92000 10599*

As you can imagine I am panicked about the annual reports therefore the annual reports are attached with the corresponding original fees.

Sincerely,

*John F. Cullen Jr.*  
John F. Cullen Jr.  
Resident Agent

*Will Pick up Monday*  
~~*8/31/98*~~

*Give this  
File date*  
*8/31/98*  
*10:00AM*

RECEIVED  
98 AUG 28 PM 4:23  
DIVISION OF CORPORATION

Office 165 Cessna Drive \* Suite 300 \* Port St. Joe \* Florida \* 32456  
Ph: 850 229-7177 \* Fax: 850 229-8470