**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39039** **(5)**

1. Corporation Name
**GULF AREA DEVELOPMENT CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 254<br>909 MAR WALT DR., SUITE 1014<br>VALPARAISO FL 32580<br>US | PO BOX 254<br>909 MAR WALT DR., SUITE 1014<br>VALPARAISO FL 32580<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1992
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 P.O. Box 254 | 26 P.O. Box 254 |
| Suite, Apt. #, etc.<br>22 101 JOHN SIMS PKWY | Suite, Apt. #, etc.<br>27 101 JOHN SIMS PKWY |
| City & State<br>23 VALPARAISO, FL | City & State<br>28 VALPARAISO, FL |
| Zip / Country<br>24 32580 / 25 USA | Zip / Country<br>29 32580 / 30 USA |

4. FEI Number: 59-3127392 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ANTHONY S BRADLEY<br>101 JOHN SIMS PARKWAY<br>SUITE 1014<br>VALPARAISO FL 32580 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 101 JOHN SIMS PKWY<br>83<br>84 City: VALPARAISO FL 85 Zip Code: 32580 |

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | WISE, DAVID R. | 12 NAME | |
| STREET ADDRESS | 128 N. PARTIN DR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BRADLEY, ANTHONY S. | 22 NAME | |
| STREET ADDRESS | 146 GRANDVIEW AVE. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | VALPARAISO FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Anthony S Bradley 4/18/95 904-6786111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047B96 PP