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

DOCUMENT # V62047

1. Corporation Name

GULF COAST DREAM HOMES, INC.

Principal	Place o	f Business

Mailing Address

2903 SUGAR RIDGE WAY VALRICO FL 33594

2803 SUGAR RIDGE WAY VALRICO FL 33594

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90145 026 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					09/08/1992			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
4		26			59-3141444	No	t Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	I		
2		27		5. Certificate of Status Desired	Fee Re	quired		
	City & State City & State		6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be				
23	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Ir			
24	25	29 30	0		Personal Property Tax.	Yes	¥ € No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
			8	1 Name				
STRATTON, DAVID			-	2 Stroot	Address (P.O. Box Number is Not Acceptable)			
2803 SUGAR RIDGE WAY			ļ°	82 Street Address (P.O. Box Number is Not Acceptable)				
VALRICO FL 33594			8	3			-	
							2-4-	
			8	4 City	FI	85 Zip (Code	
44 5	the available of Sections 607.050	and 607 1508 Florida Statutes	the abo	ve-named	corporation submits this statement for the purpose of	of changing its	registered	
office or re	paietered agent or both in the State (nt Fiorida. Such change was autr	iorizeu i	IV LITE COLL	oration's board of directors. I hereby accept the appoint	ointment as re	gistered	
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute	9S.				
SIGNATURE		Nov. 5			required when reinstating) DATE			
	Signature, typed or printed name of registered agen OFFICERS AN		13.	jent signature	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.	- <u> </u>	D DIRECTORS DELETE	1.1 TITU	<u> </u>	TABBITION OF COLUMN 1	Change	☐ Addition	
TITLE	PD DAVED	- October						
NAME	STRATTON, DAVID		1.2 NAM					
STREET ADDRESS	2803 SUGAR RIDGE WAY		1	ET ADDRESS				
CITY-ST-ZIP	VALRICO FL		1.4 CITY			Change	Addition	
TITLE	SD	☐ DELETE 2.1 π				Change		
NAME	STRATTON, MARY		2.2 NAM	E				
STREET ADDRESS	2803 SUGAR RIDGE WAY		2.3 STR	ET ADDRESS				
CITY-ST-ZIP	VALRICO FL		2. 4 CITY	'-ST-ZIP			— • 449:	
TITLE	VP/D	☐ DELETE	3,1 TITLI	Ξ		☐ Change	Addition	
NAME	SMITH, CLYDE E		3.2 NAM	E			ļ	
STREET ADDRESS	2803 SUGAR RIDGE WAY		3.3 STRI	ET ADDRESS			Ì	
CITY-ST-ZIP	VALRICO FL 33594		3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITU	E		☐ Change	☐ Addition	
NAME			4. 2 NAA	KE	•		ļ	
STREET ADDRESS			4.3 STR	EET ADDRESS	:[•	1	
				-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL			Change	☐ Addition	
NAME		•	5.2 NAM	E	, .	•		
			5.3 STR	EET ADDRESS				
STREET ADDRESS			1	-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITL			Change	☐ Addition	
TITLE			6.2 NAM			-	ļ	
NAME				EET ADDRESS			1	
STREET ADDRESS							1	
CITY-ST-ZIP				-ST-ZIP	od in Section 119 07(3)(i) Florida Statutes further o	artifu that the	information	

indicated on this annual report or supplied with this filling 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 attackment with an address, with all other like empowered.

SIGNATURE: