

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **328583** (0)

1. Corporation Name
GULF FLORIDA LAND CORPORATION



Principal Place of Business: **207 ATKINS RD. GEORGETOWN FL 32139 US**
Mailing Address: **P O BOX 327 GEORGETOWN FL 32139 US**

3. Date Incorporated or Qualified: **04/09/1968**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1215796**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATKINS, WYMAN
207 ATKINS ROAD
GEORGETOWN FL 32139**

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: _____ DATE: _____
Signature typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P** DELETE
NAME: **ATKINS, WYMAN**
STREET ADDRESS: **205 OAK GROVE STREET**
CITY-STATE-ZIP: **ORMOND BEACH FL**
TITLE: **VS** DELETE
NAME: **ATKINS, ROSA L.**
STREET ADDRESS: **207 ATKINS RD.**
CITY-STATE-ZIP: **GEORGETOWN FL**
TITLE: **VP** DELETE
NAME: **PRICE, MARTIN**
STREET ADDRESS: **328 POINCIANA ISLAND DRIVE**
CITY-STATE-ZIP: **MIAMI FL**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP:
9. TITLE: Change Addition
10. NAME: **Brazil, Donald**
11. STREET ADDRESS: **970 S.E. 5th AVE**
12. CITY-STATE-ZIP: **Pompano Beach, FL 33060**
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:
17. TITLE: Change Addition
18. NAME:
19. STREET ADDRESS:
20. CITY-STATE-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)(k), 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: *Sandra B. Mortham* **3-5-96** **904 467-2138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)