

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION.
ANNUAL REPORT
1996



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

DOCUMENT # 755050 (2)

1. Corporation Name

THE GULF COAST SHELL CLUB, INC.



Principal Place of Business

Mailing Address

% ROBERT C GRANDA
925 ROSEMONT DRIVE
PANAMA CITY FL 32405

% ROBERT C GRANDA
925 ROSEMONT DRIVE
PANAMA CITY FL 32405

3. Date Incorporated or Qualified

11/07/1980

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2103283

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No ☒

25

29

26

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANDA, ROBERT C
925 ROSEMONT DRIVE
PANAMA CITY FL 32405

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE SD ☒ DELETE
NAME BARRY, TAMMIE
STREET ADDRESS 8925 CROOK HOLLOW RD
CITY-ST-ZIP PANAMA CITY FL

TITLE PD ☒ DELETE
NAME FLOYD, BERT
STREET ADDRESS 201 ALABAMA AVE
CITY-ST-ZIP LYNN HAVEN FL

TITLE TD ☐ DELETE
NAME BARRY, STEVE
STREET ADDRESS 8925 CROOK HOLLOW RD
CITY-ST-ZIP PANAMA CITY FL

TITLE TD ☒ DELETE
NAME BARRY, STEVE
STREET ADDRESS 8925 CROOK HOLLOW ROAD
CITY-ST-ZIP PANAMA CITY FL 32404

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

11 TITLE President ☒ Change ☐ Addition
12 NAME Jim Brunner D
13 STREET ADDRESS POB 818 (N/A)
14 CITY-ST-ZIP Southport FL 32409

21 TITLE VICE President ☒ Change ☐ Addition
22 NAME Ed Schelling D
23 STREET ADDRESS 15 Chelsea Dr
24 CITY-ST-ZIP Ft. Walton Beach FL 32547

31 TITLE TREASURER ☐ Change ☐ Addition
32 NAME Steve Barry T
33 STREET ADDRESS 8925 Crook Hollow Rd D
34 CITY-ST-ZIP Panama City FL 32409

41 TITLE SECRETARY ☒ Change ☐ Addition
42 NAME Jo Granda S D
43 STREET ADDRESS 925 Rosemont Dr.
44 CITY-ST-ZIP Panama City, FL 32405

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS 300001776038
54 CITY-ST-ZIP -04/11/96--01018--017

61 TITLE ***61.25 ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve Barry Steve Barry Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 (904) 722-6336

Date

Daytime Phone #

CR2E037 (12/95)