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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755050 1. Corporation Name THE GULF COAST SHELL CLUB, INC.					
Principal Place of Business % ROBERT C GRANDA 925 ROSEMONT DRIVE PANAMA CITY FL 32405		Mailing Address % ROBERT C GRANDA 925 ROSEMONT DRIVE PANAMA CITY FL 32405			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/07/1980 4. FEI Number 59-2103283 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing - Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GRANDA, ROBERT C 925 ROSEMONT DRIVE PANAMA CITY FL 32405			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME LAWRENCE, FERRELL B STREET ADDRESS 31 WEST BALDWIN RD CITY-ST-ZIP PANAMA CITY FL 32405 ☒ DELETE			☒ Change ☐ Addition 1.1 TITLE P 1.2 NAME Robert C Granda 1.3 STREET ADDRESS 925 Rosemont Dr 1.4 CITY-ST-ZIP Panama City, FL 32405		
TITLE VD NAME LOWTHER, GERALD B STREET ADDRESS 527 SCHOOL AVE CITY-ST-ZIP SPRINGFIELD FL 32401 ☒ DELETE			☒ Change ☐ Addition 2.1 TITLE VD 2.2 NAME Gwen Lawrence 2.3 STREET ADDRESS 31 West Baldwin Rd 2.4 CITY-ST-ZIP Panama City, FL 32405		
TITLE TD NAME BARRY, STEVE STREET ADDRESS 8825 CROOK HOLLOW RD CITY-ST-ZIP PANAMA CITY FL 32404 ☐ DELETE			☐ Change ☐ Addition 3.1 TITLE TD 3.2 NAME Barry, Steve 3.3 STREET ADDRESS 8925 Crook Hollow Rd 3.4 CITY-ST-ZIP Panama City FL 32404		
TITLE SD NAME BARRY, TAMMIE C. STREET ADDRESS 8825 CROOK HOLLOW RD CITY-ST-ZIP PC FL 32404 ☐ DELETE			☐ Change ☐ Addition 4.1 TITLE SD 4.2 NAME Barry, Tammie C. 4.3 STREET ADDRESS 8925 Crook Hollow Rd 4.4 CITY-ST-ZIP Panama City, FL 32404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE			☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE			☐ Change ☐ Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

1-15-99 (850) 722-6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)