

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **812556** (9)
1. Corporation Name
GULF COAST MARINE SUPPLY COMPANY



Principal Place of Business Mailing Address
501 STIMRAD ROAD **501 STIMRAD ROAD**
P.O. DRAWER "K" **P.O. DRAWER "K"**
MOBILE ALABAMA 36601 **MOBILE ALABAMA 36601**

3. Date Incorporated or Qualified **02/10/1958** 3a. Date of Last Report **05/01/1995**
4. FEI Number **63-0089650** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 30

9. Name and Address of Current Registered Agent
MATTHEWS, JAMES D.
7885 PENSACOLA BLVD
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
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 title if applicable. (NOTE: Registered Agent signature required when relinquishing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSTELLAR, MARVIN, JR.	1.2 NAME	
STREET ADDRESS	501 STIMRAD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSTELLAR, JOHN T.	2.2 NAME	
STREET ADDRESS	501 STIMRAD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSTELLAR, JAMES C.	3.2 NAME	
STREET ADDRESS	501 STIMRAD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYARS, W. CARTER	4.2 NAME	
STREET ADDRESS	501 STIMRAD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, DAVID	5.2 NAME	
STREET ADDRESS	501 STIMRAD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36601	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, GORDON V.	6.2 NAME	
STREET ADDRESS	501 STIMRAD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an address.

SIGNATURE: *[Signature]* **John T. Mostellar** 4/26/96 334 4528066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)