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**Apr 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 812556 (9)

**1. Corporation Name
GULF COAST MARINE SUPPLY COMPANY**



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

Mailing Address
501 STIMRAD ROAD
P.O. DRAWER "K"
MOBILE ALABAMA 36601-0180

3. Date Incorporated or Qualified 02/10/1958
3a. Date of Last Report 05/01/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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 _____ **NOTE: Registered Agent signature required when reinstating!** _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MOSTELLAR, MARVIN, JR.	
STREET ADDRESS	501 STIMRD ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSTELLAR, JOHN T.	
STREET ADDRESS	501 STIMRD ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOSTELLAR, JAMES C.	
STREET ADDRESS	501 STIMRAD ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRYARS, W. CARTER	
STREET ADDRESS	501 STIMRD ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COMPTON, DAVID	
STREET ADDRESS	501 STIMRD ROAD	
CITY - ST - ZIP	MOBILE AL 36601	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANFORD, GORDON V.	
STREET ADDRESS	501 STIMRAD RD	
CITY - ST - ZIP	MOBILE AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *John T. Mostellar* **DATE:** 4/9/97 **DAYTIME PHONE #:** 334 452 8066

CR2E034 (9/96)