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 # **J44401** **(4)**

1. Corporation Name

SOUTHCOAST GEM, INC.

Principal Place of Business

324 FAIRWAY COURT
ATLANTIS FL 33462

Mailing Address

324 FAIRWAY COURT
ATLANTIS FL 33462

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 County 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 County 30

3. Date Incorporated or Organized: **12/01/1986**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-2755451** 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 organization qualifies for a tangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BAKER, EUGENE T.
324 FAIRWAY COURT
ATLANTIS FL 33462

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 [illegible] Florida Statutes, I submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. [illegible] I am familiar with, and accept the obligations of, Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKER, EUGENE T.
STREET ADDRESS	324 FAIRWAY COURT
CITY-ST-ZIP	ATLANTIS FL
TITLE	SD
NAME	BAKER, JOANNE T.
STREET ADDRESS	324 FAIRWAY COURT
CITY-ST-ZIP	ATLANTIS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

14. I do hereby certify that the information supplied within this report, including any attached pages, is accurate and complete as required by Section 607.0193, Florida Statutes. I further certify that the information indicated on this report or supplemental attachment, if any, is true and complete, and that I am a duly qualified officer or director of the corporation or the registered agent of the corporation upon whom service of process may be served in accordance with Chapter 48, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Eugene T. Baker 4/4/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)