

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Weinman
Secretary of State
CORPORATION DIVISION

APPROVED
AND
FILED

05 MAY -1 AM 9:27

DOCUMENT # **V05880** (2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GULFCOAST DESIGN ASSOCIATES, INC.

Principal Office Address: 2170 SANTA BARBARA BLVD
NAPLES FL 33999
US

Main Office Address: 2170 SANTA BARBARA BLVD.
NAPLES FL 33999
US

DO NOT WRITE IN THIS SPACE

3. Date the corporation was organized	3a. Date of last report
01/07/1992	05/17/1994
4. F.I.I. Number	Applied For Not Applicable
65-0301486	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 5-190.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Office City/State	2a. Main Office City/State
21. Naples, FL	26. Naples, FL
22. State, Apt. # of	27. State, Apt. # of
23. City/State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAWSON, DAVID L. 1167 THIRD ST S #107 NAPLES FL 33940		81. Name	KEVIN MCVICKER
		82. Street Address (P.O. Box Number is Not Acceptable)	2168 SANTA BARBARA BLVD.
		83.	
		84. City	NAPLES
		85. State	FL
		86. Zip Code	33999

11. Pursuant to the provisions of Sections 607.001, 607.002 and 607.003, Florida Statutes, the above named corporation certifies 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 607.003, Florida Statutes.

SIGNATURE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOWELL, BRIAN 4596 31ST AVE SW NAPLES FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD MCVICKER, KEVIN 546 102ND AVE N NAPLES FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD MOSHER, STAN 3156 55TH TER SW NAPLES FL	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 190.032(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: 4/28/95 (813) 455-9838
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN MCVICKER, SECT/TREASURER