

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 177063

FILED
Oct 29, 2009
Secretary of State

Entity Name: GULF EXHIBITION CORP.

Current Principal Place of Business:

1010 MIRACLE STRIP PKWY. S.E.
FORT WALTON BCH., FL 32548

New Principal Place of Business:

Current Mailing Address:

1010 MIRACLE STRIP PKWY. S.E.
FORT WALTON BCH., FL 32548

New Mailing Address:

FEI Number: 59-0728460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRILL, W. III
226 S. PALAFOX
PENSACOLA, FL 32593 US

Name and Address of New Registered Agent:

MERRILL, WILLIS C III
226 S. PALAFOX
PENSACOLA, FL 32593 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIS C. MERRILL III

10/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DICKERSON, F.O.
Address: 402 W. LLOYD STREET
City-St-Zip: PENSACOLA, FL

Title: PD () Delete
Name: MERRILL, III, W.
Address: P.O. BOX 710
City-St-Zip: PENSACOLA, FL 32593

Title: VD () Delete
Name: SIEBANALER, J.G.
Address: 59 YACHT CLUB DRIVE N.E.
City-St-Zip: FT. WALTON BCH., FL 32548

Title: STD () Delete
Name: ABRAMS, D.W. II
Address: 2095 ALFRED BLVD
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: POWELL, RICHARD W
Address: PO BOX 2167
City-St-Zip: FT WALTON BEACH, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD W. ABRAMS II

CFO

10/29/2009

Electronic Signature of Signing Officer or Director

Date