

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 # **417302** (7)
1. Corporation Name: **FIRST GULF CORPORATION**



Principal Place of Business: **P.O. BOX 2236 PANAMA CITY FL 32402**
Mailing Address: **P.O. BOX 2236 PANAMA CITY FL 32402**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/22/1973	3a. Date of Last Report 05/01/1995
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1453357	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FOSTER, JAMES L.
1520 JINKS AVENUE, SUITE C
PANAMA CITY FL 33401**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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

Signature of person making the report (required when Block 12 is applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD FOSTER, JAMES L. 1520 JENKS AVENUE STE C PANAMA CITY, FL 32401														

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	61. TITLE	62. NAME	63. STREET ADDRESS	64. 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 if changed, or on an attachment with an address.

SIGNATURE: *James L. Foster* **President** 2/19/96 904 985-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)