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Feb 21, 1999 8:00 am  
Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 746085</b> 1. Corporation Name <b>GULF COAST MUSEUM OF ART, INC.</b>					
Principal Place of Business <b>222 PONCE DE LEON BOULEVARD</b> <b>BELLEAIR FL 34616</b> <b>US</b>			Mailing Address <b>222 PONCE DE LEON BOULEVARD</b> <b>BELLEAIR FL 34616</b> <b>US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/27/1979</b> 4. FEI Number <b>59-0624400</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>MLOCK, DAVID G</b> <b>ONVE PROGRESS PLAZA; SUITE 2300</b> <b>200 CENTRAL AVENUE</b> <b>ST PETERSBURG FL 33701</b>			10. Name and Address of New Registered Agent 81 Name <b>MULOCK, DAVID G.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>ONE PROGRESS PLAZA, SUITE 2300</b> 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <b>X</b> <b>DAVID G. MULOCK</b> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TP <b>WATROUS, JAMES S</b> <b>501 PALMETTO ROAD</b> <b>BELLEAIR FL 33756</b>			1.1 TITLE <b>TP</b> 1.2 NAME <b>S. WAYNE MOCK, PRESIDENT</b> 1.3 STREET ADDRESS <b>123 ALORA ST., NE</b> 1.4 CITY-ST-ZIP <b>ST PETERSBURG, FL 33704</b>		
TS <b>LOKEY, MARILYN M</b> <b>520 PONCE DE LEON BLVD</b> <b>BELLEAIR FL 33756</b>			2.1 TITLE <b>TS</b> 2.2 NAME <b>BONITA L. COBB, SECRETARY</b> 2.3 STREET ADDRESS <b>6396 18th ST., NE</b> 2.4 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>		
TT <b>CRASKE, ANDREW J</b> <b>107 GULF VIEW DRIVE</b> <b>BELLEAIR BLUFFS FL 33770</b>			3.1 TITLE <b>TT</b> 3.2 NAME <b>same - Andrew J. Craske</b> 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
ED <b>KEN ROLLINS</b> <b>222 PONCE DE LEON BLVD</b> <b>BELLEAIR FL 33756</b>			4.1 TITLE <b>ED</b> 4.2 NAME <b>Same - Ken Rollins</b> 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: **X** **KEN ROLLINS** REQUIRED KEN ROLLINS, ED

727-584-8634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)