2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # F32359 INVESTMENT CO. OF GULF				Secretar 02-05-2002 900	y of St	ate	
Principal Place of Business 28851 N MAIN ST. STE 1 P.O. BOX 2010 DAPHNE AL 36526 US		Mailing Address 28851 MAIN ST. STE 1 P.O. BOX 2010 DAPHNE AL 36526 US				DJI BUDUS BADAL BUBUI BUB	(14 818): G(A): 1 46	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 A		
_	6. Name and Address of Current R	egistered Agent		- 7. N	lame and Address of New Regis		-	
			Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
PLANTAT	10N FL 33324		City			FL Zip Co	ode	
Tax filing (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 2002 Make Check Payable		State	10. Election Campaign Finance Trust Fund Contribution.	☐ Add	.00 May Be led to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, MICHAEL 28851 N MAIN ST, STE 1 DAPHNE FL	Delete	112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICE	RS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARTER, RUTH L 311 WOODBRIDGE CIR DAPHNE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD CARTER, CLAUDE I 311 WOODBRIDGE CIR DAPHNE FL	☐ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- ☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower, or on an attachment with an address, with the content of the con	rue and accurate and that my vered to execute this report as	signature shall have ti	ne same k	egal effect as if made under oath	that I am an offic	er or director	

SIGNATURE:



/-16-02 251-626-5811 Date Daytime Phone #