


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G53278** (9)
1. Corporation Name
SHOULTS, GWIN & ASSOCIATES, INC.



Principal Place of Business
**1209 AIRPORT RD. STE 4
P.O. BOX 1805
DESTIN FL 32541
US**

Mailing Address
**POST OFFICE BOX 1805
P.O. BOX 1805
DESTIN FL 32540
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 36468 Emerald Coast Pkwy Suite, Apt. #, etc. 22 Suite 1201 City & State 23 Destin FL Zip 24 32541		2a. Mailing Address 26 36468 Emerald Coast Pkwy Suite, Apt. #, etc. 27 Suite 1201 City & State 28 Destin, FL Zip 29 32541		3. Date Incorporated or Qualified 08/09/1983	
		4. FEI Number 59-2316388		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GWIN, CURTIS H. 1209 AIRPORT DR. STE 4 DESTIN FL 32541		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWIN, CURTIS H.	1.2 NAME	
STREET ADDRESS	1209 AIRPORT RD., SUITE 4	1.3 STREET ADDRESS	36468 Emerald Coast Pkwy, Suite 1201
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOULTS, HOWARD R.	2.2 NAME	
STREET ADDRESS	1209 AIRPORT RD., SUITE 4	2.3 STREET ADDRESS	36468 Emerald Coast Pkwy, Suite 1201
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Destin, FL 32541
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Howard R. Shoults

3-18-98 850-837-0392

CR2E034 (10/97)