

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 17 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G83730** (3)

1. Corporation Name
ROBERT D. YANT, D.P.M., P.A.

Principal Place of Business Mailing Address
1845 UNIVERSITY BLVD., N. JACKSONVILLE FL 32211

300001459169
-04/18/95--01081--011
DO NOT WRITE IN THESE SPACES *200.00

3. Date incorporated or Qualified **01/31/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2364212** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**YANT, ROBERT D., D.P.M.
1845 UNIVERSITY BLVD, NORTH
JACKSONVILLE FL 32211**

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANT, ROBERT D., D.P.M.	1.2 NAME	
STREET ADDRESS	1845 UNIVERSITY BLVD.N	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
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	

*4/17/95
MS*

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 110.07(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 or any person authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

Robert D. Yant
ROBERT D. YANT

3/28
DATE

9047433222
OFFICE NUMBER

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR - 2 PM 12: 15

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G84658

1. Corporation Name

GULF COAST DIVERSIFIED, INC.

SECRET STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5225 CARMEL HEIGHTS DRIVE
PENSACOLA, FL 32504-5759**

**5225 CARMEL HEIGHTS DRIVE
PENSACOLA, FL 32504-5759**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/14/1984** 3a. Date of Last Report **01/18/1994**

2. Principal Place of Business

2a. Mailing Address

21 **5130 Bayou Blvd.**

26 **5130 Bayou Blvd.**

4. FEI Number

Applied For

59-2432798

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Pensacola, Florida**

28 **Pensacola, Florida**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32504**

25 **Escambia**

29 **32504**

30 **Escambia**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAUS, SISTER IRENE
5151 N. NINTH AVENUE
PENSACOLA, FL 32504**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KRAUS, SISTER IRENE**
STREET ADDRESS **5151 N. 9th AVE.**
CITY- ST- ZIP **PENSACOLA, FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

Change Addition
700001454257
-04/12/95--01042--013
*****261.25 ***200.00**

TITLE **P**
NAME **MOORE, ROBERT T.**
STREET ADDRESS **5225 CARMEL HEIGHTS DR.**
CITY- ST- ZIP **PENSACOLA, FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

Change Addition
P
ZEILER, RICHARD
5151 N. 9th AVE.
PENSACOLA, FL

TITLE **S**
NAME **LINDNER, SISTER REGINA**
STREET ADDRESS **5151 N. 9th AVE.**
CITY- ST- ZIP **PENSACOLA, FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

Change Addition
S/T
LINDNER, SISTER REGINA
5151 N. 9th AVE.
PENSACOLA, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

Change Addition
VP
MYERS, MICHAEL
5151 N. 9th AVE.
PENSACOLA, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

Change Addition

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 110.07(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 it needs 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:

Sister Irene Kraus

3/17/95

(904) 474-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

SW 4-3-95