

**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	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>YANT, ROBERT D., D.P.M.</b> <b>1845 UNIVERSITY BLVD, NORTH</b> <b>JACKSONVILLE FL 32211</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YANT, ROBERT D., D.P.M.</b>	1.2 NAME	
STREET ADDRESS	<b>1845 UNIVERSITY BLVD.N</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	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: *Robert D. Yant* **3/28** **9047433222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER (Last, First, Middle Initial)

**ROBERT D. YANT**

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

**APPROVED  
AND  
FILED**

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

Register Number

*SW 4-3-95*