

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H29260

1. Corporation Name

GULF COAST SPECIALTIES, INC.

(7)

FILED
Apr 29 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address	
1441 FAIRCHILD ST. P.O.BOX 10038 PENSACOLA FL 32504-6428		1441 FAIRCHILD ST. P.O.BOX 10038 PENSACOLA FL 32504-6428	
2. Principal Place of Business 21 7465 OLD PALAFOX HIGHWAY Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. BOX 10038 Suite, Apt. #, etc.	
22 23 City & State PENSACOLA, FLORIDA 32503		27 28 City & State PENSACOLA, FLORIDA 32524	
24 Zip 32503	Country 25	Zip 29 32524-0038	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOORE, DONALD W. 1005 PEARSON RD MILTON FL 32570		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FL	Zip Code 85
11. Pursuant to the provisions of Sections 607.1507 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 requirements of, Section 607.1505, Florida Statutes.			
SIGNATURE: <i>DONALD W. MOORE</i> DONALD W. MOORE/PRESIDENT DATE: 04/21/97 (NOTE: Registered Agent signature required when reinstating)			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, DONALD W. 1005 PEARSON RD MILTON FL	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 1 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *DONALD W. MOORE*

DONALD W. MOORE/PRESIDENT 04/21/97 (904)478-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0485410

CR2E034 (9/96)