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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:09

DOCUMENT # H33760 (0)

1. Corporation Name
GULF COAST GENERAL, INC.

Principal Place of Business	Mailing Address
% BARBARA MCGREEVY 5778 GRANDE LAGOON BLVD PENSACOLA FL 32507	% BARBARA MCGREEVY 5778 GRANDE LAGOON BLVD PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1984
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 17400 Perdido Key Dr.	26 17400 Perdido Key Dr.
Suite, Apt. #, etc. 22 % Martin McGreevy	Suite, Apt. #, etc. 27 % Martin McGreevy
City, State 23 Pensacola, FL	City, State 28 Pensacola, FL
Zip 24 32507 Country 25 Escambia	Zip 29 32507 Country 30 Escambia

4. FEI Number: 59-2475983 ☐ 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. 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
MCGREEVY, BARBARA 5778 GRANDE LAGOON BLVD PENSACOLA FL 32507	81 Name: Martin McGreevy 82 Street Address (P.O. Box Number Not Acceptable): 17400 Perdido Key Dr 83 84 City: Pensacola FL 85 Zip Code: 32507

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: Martin J. McGreevy (Signature, typed or printed name of person signing and title if applicable. NOTE: Registered Agent signature must also be printed.) DATE: 2-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGREEVY, MARTIN	1.2 NAME	
STREET ADDRESS	5778 GRANDE LAGOON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	SDT	2.1 TITLE	SDT ☒ Change ☐ Addition
NAME	MC GREEVY, BARBARA	2.2 NAME	McGreevy, Martin
STREET ADDRESS	5778 GRANDE LAGOON BLVD	2.3 STREET ADDRESS	17400 Perdido Key Dr.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 I am attaching a statement with an address.

SIGNATURE: Martin J. McGreevy 2-16-95 904/492-16.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300530 CP