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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H75054 (7)
1. Corporation Name
GULF COAST TITLE AND ABSTRACT OF PANAMA CITY, IN C.



Principal Place of Business
**1430 HARRISON AVE
PANAMA CITY FL 32401**

Mailing Address
**P. O. BOX 135
LYNN HAVEN FL 32444-0135
US**

3. Date Incorporated or Qualified **09/09/1985** 3a. Date of Last Report **04/29/1996**

4. FEI Number **59-2574258** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**SHARP, MICHAEL P
1430 HARRISON AVE
PANAMA CITY FL 32401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHARP, MICHAEL P.	
STREET ADDRESS	1310 CALABRIA RD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, H. B.	
STREET ADDRESS	404 SUDDUTH AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GALARZA, LINDA	
STREET ADDRESS	199 TREASURE PALM DR	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARRON, KATHY	
STREET ADDRESS	6925 GREENFIELD RD	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, PHILLIP D.	
STREET ADDRESS	1209 W. 10TH ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHARP, MICHAEL P.	
1.3 STREET ADDRESS	104 Loyola Lane	
1.4 CITY-ST-ZIP	Panama City, Florida 32405	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tanya T. Sharp	
2.3 STREET ADDRESS	104 Loyola Lane	
2.4 CITY-ST-ZIP	Panama City, Florida 32405	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Secretary, Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tina D. Richardson	
6.3 STREET ADDRESS	193 Derby Woods Dr.	
6.4 CITY-ST-ZIP	Lynn Haven, Florida 32444	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* MICHAEL P. Sharp, President 09-09-1997 850-265-1311

CR2E034 (9/96)