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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 SEP 26 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SHARP, MICHAEL P.	1.2 NAME	SHARP, MICHAEL P.
STREET ADDRESS	1310 CALABRIA RD	1.3 STREET ADDRESS	104 Loyola Lane
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, Florida 32405
TITLE	D	2.1 TITLE	Vice President
NAME	JAMES, H. B.	2.2 NAME	Tanya T. Sharp
STREET ADDRESS	404 SUDDUTH AVE.	2.3 STREET ADDRESS	104 Loyola Lane
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City, Florida 32405
TITLE	VP	3.1 TITLE	
NAME	GALARZA, LINDA	3.2 NAME	
STREET ADDRESS	139 TREASURE PALM DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	BARRON, KATHY	4.2 NAME	
STREET ADDRESS	6925 GREENFIELD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	HUTCHINSON, PHILLIP D.	5.2 NAME	
STREET ADDRESS	1209 W. 10TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Secretary, Vice President
NAME		6.2 NAME	Tina D. Richardson
STREET ADDRESS		6.3 STREET ADDRESS	193 Derby Woods Dr.
CITY-ST-ZIP		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)