

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

1430 HARRISON AVE
PANAMA CITY FL 32401

P. O. BOX 135
LYNN HAVEN FL 32444
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

25 Country

28 Zip

30 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

TITLE PD ☐ DELETE

NAME SHARP, MICHAEL P
STREET ADDRESS 104 LOYOLA LANE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE V ☐ DELETE

NAME SHARP, TANYA T
STREET ADDRESS 104 LOYOLA LANE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE VP ☐ DELETE

NAME GALARZA, LINDA
STREET ADDRESS 139 TREASURE PALM DR
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE VP ☒ DELETE

NAME BARRON, KATHY
STREET ADDRESS 6925 GREENFIELD RD
CITY-ST-ZIP YOUNGSTOWN FL

TITLE VP ☐ DELETE

NAME HUTCHINSON, PHILLIP D.
STREET ADDRESS 1209 W. 10TH ST.
CITY-ST-ZIP PANAMA CITY FL

TITLE SV ☐ DELETE

NAME RICHARDSON, TINA D
STREET ADDRESS 193 DERBY WOODS DR
CITY-ST-ZIP LYNN HAVEN FL 32444

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP

Graham, Julie A.
8501 N. Lagoon Dr. Unit 510
Panama City Beach, FL 32408

14. I 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:

Tina Richardson

4/27/98

850-769-1311

CR2E034 (10/97)