

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. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H82467 (2)

1. Corporation Name  
GULF COAST SOFTWARE, INCORPORATED

Principal Place of Business

8295 SCENIC HWY.  
PENSACOLA FL 32514  
US

Mailing Address

8295 SCENIC HWY.  
PENSACOLA FL 32514  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1985

4. FEI Number

59-2622982

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

9. Name and Address of Current Registered Agent

KOPACK, DANIEL  
102 E. GARDEN STREET  
PENSACOLA FL 32501

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, CHRIS.	1.2 NAME	
STREET ADDRESS	840 HIGHLAND BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, JAMES	2.2 NAME	
STREET ADDRESS	7482 LAKESIDE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, DANNY	3.2 NAME	
STREET ADDRESS	3590 MONTEIGNE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Daniel H. Snyder - JAMES G. SNYDER

4/14/98 850-476-0094

CR2E034 (10/97)