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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K04029

(0)

1. Corporation Name

GULF COAST FIVE CORPORATION

Principal Place of Business

17 NORTH MERRIT STREET
PENSACOLA FL 32507
US

Mailing Address

17 NORTH MERRIT STREET
PENSACOLA FL 32507
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KNIGHT, DAVID A.
17 N. MERRITT ST.
PENSACOLA FL 32507

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

David A Knight

David A Knight

3/26/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME KNIGHT, DAVID A.
STREET ADDRESS 17 N. MERRITT ST.
CITY-STATE-ZIP PENSACOLA FL

TITLE D
NAME FRYE, EDWARD E.
STREET ADDRESS 8601 N. MATCH
CITY-STATE-ZIP PENSACOLA FL

TITLE D
NAME SAVAGE, SOLOMAN
STREET ADDRESS 6421 HAMPTON ROAD
CITY-STATE-ZIP PENSACOLA FL

TITLE D
NAME HARRIS, CLARENCE J
STREET ADDRESS 415 SEAMARGE LN
CITY-STATE-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP ☐ Change ☐ Addition

15 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(k), 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 record 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 as an attachment with an address.

SIGNATURE:

David A Knight

David A Knight

Secretary/Treasurer

453-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

CR2E034 (12/95)