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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04029

(0)

**GULF COAST FIVE CORPORATION** 

"

## FILED Jan 23 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address			2 tensimili nit anim nyati anka haja ini) aini nini nini nini nini nini nin			
17 NORTH MERRIT STREET		17 NORTH MERRIT STREET							
PENSACOLA	FL 32507	PENSACOLA FL 32507				DO NOT WRITE IN THE ORIGIN			
US		US			1	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 11/24/1987			
2. Principal P	lace of Business	2a. Mailing Address			İ	4. FEI Number	ار. Ac	plied For	
21		26				59-2861013	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27			ŀ	5. Certificate of Status Desired	Fee Re		
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added 1		
Zip	Country	Zip	Country			8. This corporation owes or has paid the curre	eøt year Int	angible	
24	25	29	30					No	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent				10. Name and Address of New Registered A	gent		
KNIGHT, DAVID A.					e V	SchT Davin A.			
17	N. MERRITT ST.			82 Stree	1 Addrag				
PEN	NSACOLA FL 32507	52 Street Add		T AUGIES	s (P.O. Box Number is Not Acceptable)				
				83	1	11 (01,1111		-	
				84 City	Dans	sacala FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statul	tes the at	hove-name			3 .30	Y2 /	
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	-Stgnature, typed or printed name of registered agent	and trie if englishing (NO)	F: Basistara	d Anent sinnal	ure required v	when reinstating) DAFE	8		
12. OFFICERS AND DIRECTORS				- ·	are required r	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TI	TLE			Change	Addition	
NAME	KNIGHT, DAVID A.			1.2 NAME					
STREET ADDRESS	17 N. MERRITT ST.			1.3 STREET ADDRESS					
	PENSACOLA FL								
CITY-ST-ZIP TITLE	D DELETE			1.4 CITY-ST-ZIP			Change	Addition	
	FRYE, EDWARD E.		B			<b>'</b>	Orlange	ET VOGIDON	
NAME	RTE, EDWARD E. 8601 N. MATCH			2.2 NAME					
STREET ADDRESS	****			2.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL			2. 4 CITY-ST-ZIP		· •		1 1 1 1 1 1 1 1 1	
TITLE	D DELETE			3.1 TITLE		Ĺ	Change	Addition	
NAME	SAVAGE, SOLOMAN		- 1	3.2 NAME					
STREET ADDRESS	6421 HAMPTON ROAD		3.3 ST	3.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL			ITY - ST - ZIP				[ ]	
TITLE	D	☐ DELETE	4.1 TI	πE	1	į	Change	Addition	
NAME	HARRIS, CLARENCE J		4. 2 N	4. 2 NAME					
STREET ADDRESS	415 SEAMARGE LN		4.3 ST	reet address	6				
CITY-ST-ZIP	PENSACOLA FL		4.4 CI	TY-ST-ZIP					
TITLE		DELETE	5.1 Ti	TLE			Change	☐ Addition	
NAME			5.2 NA	AME					
STREET ADDRESS			5.3 ST	REET ADDRESS	;				
CMY-ST-ZIP			5.4 CI	TY-ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 Ti	TLE			Change	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS				reet address	;				
				TY-ST-ZIP					
CITY-ST-ZIP	act he that the information generalised with	this filing does not qualify f			tod in Sa	ction 119 07/3Vi) Florida Statutes I further cert	ify that the	information	

14. I hereby certify that the information supplied with this filling 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:

DAVIN' AUKE BYOURS TO

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850-453-4984

CR2E034 (10/97)