

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K07672 (4)

1. Corporation Name

FISHER/GULF COAST, INC.



Principal Place of Business

Mailing Address

453 VAN PELT LANE
PENSACOLA FL 32505

3100 HILTON ST
JACKSONVILLE FL 32203

3. Date Incorporated or Qualified
12/17/1987

3a. Date of Last Report
03/24/1995

2. Principal Place of Business
21 TENSACOLA, FL 32505
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 1565
FOREST PARK, GA 30050
Suite, Apt. #, etc.

4. FEI Number
59-2541118

Applied For
Not Applicable

22 9 CLARINDA LANE
City & State

27 P.O. Box 1565
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 TENSACOLA, FLORIDA
Zip Country

28 FOREST PARK, GEORGIA
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32505 25 USA

29 30050 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURER, LARRY
3100 HILTON STREET
JACKSONVILLE FL 32203

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 beneficial owner)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOVSOVITA, LAWRENCE	
STREET ADDRESS	3100 HILTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MAURER, LARRY	
STREET ADDRESS	3100 HILTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KRAK, BERNADETTE M.	
STREET ADDRESS	15303 DALLAS PARKWAY, #1250	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mitt Parker	
1.3 STREET ADDRESS	16 Forest Parkway, Bldg. H	
1.4 CITY-ST-ZIP	Forest Park, GA 30050	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Alpers	
2.3 STREET ADDRESS	16 Forest Parkway, Bldg. H	
2.4 CITY-ST-ZIP	Forest Park, GA 30050	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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: Bernadette M. Krak Bernadette M. Krak 3/1/96 214-687-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)