


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

FILED
May 12 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROPIT CORPORATION ANNUAL REPORT 1997 |  | 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 |
| 9 CLARINDA LANE PENSACOLA FL 32505 US | P.O. BOX 1565 FOREST PARK GA 30051-1565 US |

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|--------------------------------|-------------------|--------------------------------|-------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 15303 DALLAS PARKWAY | | 26 15303 DALLAS PARKWAY | | 12/17/1987 | 03/15/1996 |
| 22 Suite, Apt. #, etc. 1250 | | 27 Suite, Apt. #, etc. 1250 | | 4. FEI Number | Applied For |
| 23 City & State DALLAS, TX | | 28 City & State DALLAS, TX | | 59-2541118 | Not Applicable |
| 24 Zip 75248 | 25 Country USA | 29 Zip 75248 | 30 Country USA | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | <input type="checkbox"/> | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | <input type="checkbox"/> | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (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 | PD |
| NAME | PARKER, MITT | 1.2 NAME | ERIC C. KLASSON |
| STREET ADDRESS | 16 FOREST PARKWAY, BLDG. H | 1.3 STREET ADDRESS | 15303 DALLAS PARKWAY #1250 |
| CITY-ST-ZIP | FOREST PARK GA | 1.4 CITY-ST-ZIP | DALLAS, TX 75248 |
| TITLE | ST | 2.1 TITLE | |
| NAME | ALPERS, JOHN | 2.2 NAME | TODD V. ERICKSON |
| STREET ADDRESS | 16 FOREST PARKWAY, BLDG H | 2.3 STREET ADDRESS | 15303 DALLAS PARKWAY #1250 |
| CITY-ST-ZIP | FOREST PARK GA | 2.4 CITY-ST-ZIP | DALLAS, TX 75248 |
| TITLE | AS | 3.1 TITLE | |
| NAME | KRAK, BERNADETTE M. | 3.2 NAME | VACANT |
| STREET ADDRESS | 15303 DALLAS PARKWAY, #1250 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75248 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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: Todd V. Erickson Date: 4/30/97 Daytime Phone #: 972 682-8250

CR2E034 (9/96)