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FILED

Feb 12 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K18643

(2)

1. Corporation Name

GULF COAST JEWELRY AND GIFTS, INC.

Principal Place of Business

5804 14TH ST. W.
BRADENTON FL 34207

Mailing Address

5804 14TH ST. W.
BRADENTON FL 34207-40053. Date Incorporated or Qualified
03/21/19883a. Date of Last Report
03/12/1996

2. Principal Place of Business

21 668 BALD EAGLE DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 668 BALD EAGLE DRIVE

Suite, Apt. #, etc.

4. FEI Number

65-0041809

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

MATTHEWS, D. TURNER
6220 MANATEE AVE W
SUITE 404
BRADENTON FL 34205

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

TITLE VD
NAME COATES, CHARLES M.
STREET ADDRESS 433 HARTLEY
CITY-ST-ZIP MARCO ISLAND FL☐ DELETETITLE PST
NAME COATES, KAREN M.
STREET ADDRESS 433 HARTLEY
CITY-ST-ZIP MARCO ISLAND FL 33937☐ DELETETITLE D
NAME COATES, KAREN M.
STREET ADDRESS 433 HARTLEY
CITY-ST-ZIP MARCO ISLAND FL 33937☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME COATES, CHARLES M.
1.3 STREET ADDRESS 668 BALD EAGLE DRIVE
1.4 CITY-ST-ZIP MARCO ISLAND FLORIDA 34145☐ Change ☐ Addition2.1 TITLE PST
2.2 NAME COATES, KAREN M.
2.3 STREET ADDRESS 668 BALD EAGLE DRIVE
2.4 CITY-ST-ZIP MARCO ISLAND FLORIDA 34145☐ Change ☐ Addition3.1 TITLE D
3.2 NAME COATES, KAREN M.
3.3 STREET ADDRESS 668 BALD EAGLE DRIVE
3.4 CITY-ST-ZIP MARCO ISLAND FLORIDA 34145☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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: Karen M. Coates KAREN M. COATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-642-9009

Daytime Phone #

CR2E034 (9/96)