

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K56020 (6)
1. Corporation Name
GULF COAST FINANCIAL CORP. OF THE FLORIDA KEYS

Principal Place of Business 730 BAY FRONT PARKWAY SUITE 4-A PENSACOLA FL 32501 US	Mailing Address P.O. BOX 2335 PENSACOLA FL 32513-2335 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 900 E. CROSS STREET Suite, Apt. #, etc. 22 City & State 23 PENSACOLA, FL Zip 24 32503		2a. Mailing Address 25 900 E. CROSS STREET Suite, Apt. #, etc. 26 City & State 27 PENSACOLA, FL Zip 28 32503		3. Date Incorporated or Qualified 12/27/1988	
29 900 E. CROSS STREET Suite, Apt. #, etc. 30 City & State 31 PENSACOLA, FL Zip 32 32503		33 900 E. CROSS STREET Suite, Apt. #, etc. 34 City & State 35 PENSACOLA, FL Zip 36 32503		4. FEI Number 59-2914067 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LUKKAR, PAUL A. 730 BAYFRONT PKWY SUITE 4-A PENSACOLA FL 32513		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 900 E. CROSS STREET 84 City 85 PENSACOLA 86 FL 87 Zip Code 88 32503	
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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 *Paul A. Lukkar* *PAUL A. LUKKAR PRESIDENT* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKKAR, PAUL A. 6838 STONEHENGE CIRCLE PENSACOLA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Paul A. Lukkar*, Paul A. LUKKAR President 4/9/98

CR2E034 (10/97)