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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K68057 (4)

1. Corporation Name

GULF COAST MORTGAGE SERVICES OF NORTHWEST FLORIDA, INC.

Principal Place of Business

C/O STEPHEN R. MOORHEAD  
700 SOUTH PALAFOX ST. SUITE 3-C  
PENSACOLA FL 32501

Mailing Address

4300 BAYOU BOULEVARD  
SUITE 12  
PENSACOLA FL 32503-2688  
US



2. Principal Place of Business

21 4300 Bayou Blvd.

22 Suites 12+13

City & State

23 Pensacola FL

Zip

24 32503

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

02/14/1989

3a. Date of Last Report

04/19/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R.  
700 SOUTH PALAFOX ST. SUITE 3-C  
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4300 Bayou Blvd

83 Suites 12+13

84 City

Pensacola

FL

85 Zip Code

32503

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

D  
JOWERS, RAYMOND M.  
1142 VILLA WOODS CIRCLE  
GULF BREEZE FL

TITLE

D  
JOWERS, BARBARA S.  
1142 VILLA WOODS CIRCLE  
GULF BREEZE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

RAYMOND M. JOWERS  
4/24/97 (PML) 932-8750

CR2E034 (9/96)