SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:16

DOCUMENT # **K90001** **(4)**

1. Corporation Name

GULF COAST VENTURES, INC.

Principal Place of Business	Mailing Address
C/O RONALD J. CASTEEL ~~90 COUNTRY CLUB DR. WEST~~ ~~DESTIN FL 32541~~	C/O RONALD J. CASTEEL ~~90 COUNTRY CLUB DR. WEST~~ ~~DESTIN FL 32541~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 3/B 11 ST	26 3/B 11TH ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SHALIMAR, FL	City & State 28 SHALIMAR, FL
Zip 24 32579 / Country 25	Zip 29 32579 / Country 30

3. Date Incorporated or Qualified: 05/22/1989
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-2943209 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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
CASTEEL, RONALD J. ~~90 COUNTRY CLUB DR., WEST~~ ~~DESTIN FL 32541~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3/B 11TH ST 83 84 City SHALIMAR FL 85 Zip Code 32579

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	CASTEEL, RONALD J	1.2 NAME	
STREET ADDRESS	~~90 COUNTRY CLUB DR W~~	1.3 STREET ADDRESS	3/B 11TH ST
CITY-ST-ZIP	~~DESTIN FL~~	1.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DOUGLAS H	2.2 NAME	
STREET ADDRESS	4137 INDIAN BAYOU NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CASTEEL, DONNA L	3.2 NAME	
STREET ADDRESS	~~90 COUNTRY CLUB DR W~~	3.3 STREET ADDRESS	3/B 11TH ST
CITY-ST-ZIP	~~DESTIN FL~~	3.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Ronald J. Casteel Aug 4 904-651-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120920 CP