

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K90001 (4)

1. Corporation Name  
GULF COAST VENTURES, INC.



Principal Place of Business: 318 11 ST  
SHALIMAR FL 32579  
US

Mailing Address: 31 B 11TH ST  
SHALIMAR FL 32579  
US

3. Date Incorporated or Qualified: 05/22/1989  
3a. Date of Last Report: 08/08/1995  
4. FEI Number: 59-2948209  
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

2. Principal Place of Business: 21 82 MOORING LANE  
Suite, Apt. #, etc.:  
22 City & State: SHALIMAR, FL  
Zip: 32579  
Country: USA

2a. Mailing Address: 26 82 MOORING LANE  
Suite, Apt. #, etc.:  
27 City & State: SHALIMAR, FL  
Zip: 32579  
Country: USA

9. Name and Address of Current Registered Agent  
CASTEEL, RONALD J.  
31 B 11TH ST  
SHALIMAR FL 32579

10. Name and Address of New Registered Agent  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable): 82 MOORING LANE  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	
NAME	CASTEEL, RONALD J	12 NAME	
STREET ADDRESS	90 COUNTRY CLUB DR W	13 STREET ADDRESS	82 MOORING LANE
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D	21 TITLE	
NAME	WRIGHT, DOUGLAS H	22 NAME	
STREET ADDRESS	4137 INDIAN BAYOU NO	23 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	CASTEEL, DONNA L	32 NAME	
STREET ADDRESS	90 COUNTRY CLUB DR W	33 STREET ADDRESS	82 MOORING LANE
CITY-ST-ZIP	DESTIN FL	34 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald J. Casteel Aug 5, 1996 904-651-6540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)