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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L22615

1. Corporation Name

**GULF COAST DESIGN, INC.** 

| Principal Place of Business Mailing Address         |  |   |                         |                |  | , 100 mg/m 1/2 1/2/2 mg/m 2/10/2  |               |                    |               |
|---|--|---|-------------------------|----------------|--|---|---------------|--------------------|---------------|
| 4224 LOUIS AVE 4224 LOUIS AVE                       |  |   |                         |                |  |   |               |                    |               |
| HOLIDAY FL 34691 HOLIDAY FL 34691                   |  |   |                         |                |  | DO NOT WRI  | TE IN THIS    | CBACE              |               |
| US US   |  |   |                         |                |  | Date Incorporated or Qualifed   | IE IN IIIIS   | SFACE              |               |
| _   |  |   |                         |                |  | 10/13/1989  |               |                    |               |
| Principal Place of Business     2a. Mailing Address |  |   |                         |                |  | 4. FEI Number   |               | _ <del>-   -</del> | plied For     |
| 21  |  | 26  |                         |                |  | <u>59-29791</u> 15  |               |                    | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #                   |  |   | 3.                      |                |  | 5. Certifcate of Status Desired   |               |                    | Additional    |
| 22  |  | 27  |                         |                |  |   | ,             |                    | equired       |
| City & Stat   | ė  | City & State  | <u></u>                 |                |  | 6. Election Campaign Financing  |               |                    | May Be        |
| 23  |  | 28  |                         |                |  | Trust Fund Contribution   |               | Added :            | to rees       |
| Zip   | Country  | Zip   | _                       | ıy             |  | 8. This corporation owes the curr   | ent year inta | ingible<br>□Yes '  | r <b>⊠</b> No |
| 24  | 25   |   | <u> </u>                |                | <del></del>                                  | Personal Property Tax.  10. Name and Address of New F                           | Penistered A  |                    | 1/2410        |
|   | 9. Name and Address of Curre   | ent Registered Agent  | 8                       | 1 N            | ame  | TO. Hame and Address of New 1   | (ogisterou i  | <u> </u>           |               |
| ROS   | S, JOHN  |   |                         |                |  |   |               |                    |               |
| 4224 LOUIS AVE                                      |  |   |                         | 2 S            | reet Addres                                  | ss (P.O. Box Number is Not Accepta  | ible)         |                    |               |
| HOLIDAY FL 34691                                    |  |   | -                       | 3              |  |   |               |                    |               |
| 1102  | ioni re dada   |   | }"                      | 3              |  |   |               |                    | 1             |
|   |  |   | 8                       | 4 C            | ity  |   | FL            | 85 Zip             | Code          |
| 1   |  |   |                         |                |  |   |               | honging its        | ragistarad    |
| ,11. Pursuant<br>office or r                        | to the provisions of Sections 607.05<br>egistered agent, or both, in the State | 502 and 607.1508, Florida Statutes<br>e of Florida. Such change was aut | s, the abo<br>horized b | ve-na<br>y the | med corpor                                   | ration submits this statement for the<br>i's board of directors. I hereby accep | t the appoir  | itment as re       | gistered      |
| agent. I a  | m familiar with, and accept the oblig  | ations of, Section 607.0505, Florid                                     | da Statute              | es.            | ,  |   |               |                    | ļ             |
| SIGNATURE   |  |   |                         |                |  |   | DATE          |                    |               |
|   | Signature, typed or printed name of registered ag                              | <u>'' </u>  |                         | ent sig        | ature required                               | when reinstating) ADDITIONS/CHANGES TO OF                                       |               | D DIRECTO          | DRS IN 12     |
| 12.   |  | ND DIRECTORS  | 13.                     | -              |  | ADDITIONS/CHANGES TO CI   | I IOCINO AIN  | Change             | Addition      |
| TITLE   | PSTD<br>POSS JOHN  | C) Decert   | 1.2 NAME                |                |  |   |               |                    |               |
| NAME  | 11000, 001111  |   |                         |                | DECC   |   |               |                    | ł             |
| STREET ADDRESS                                      | 4224 LOUIS AVE   |   | 1.3 STRE                |                | i i  |   |               |                    | I             |
| CITY-ST-ZIP   | HOLIDAY FL   |   | 1.4 CITY-S              |                |  |   |               | ☐ Change           | Addition      |
| TITLE   |  | □ pere₁s  | 2.1 TITLE               |                |  |   |               |                    |               |
| NAME  | <b>.</b>   |   | 2.2 NAM                 |                |  |   |               |                    | ł             |
| STREET ADDRESS                                      |  |   | 2.3 STRE                |                | ł  |   |               |                    |               |
| CITY-ST-ZIP   |  | D DELETE  | 2. 4 CITY               |                | ·  |   |               | Change             | Addition      |
| TITLE   |  | ☐ DELETE ·  | 3.1 TITLE               |                |  |   |               | Criango            |               |
| NAME  |  |   | 3.2 NAM                 |                |  |   |               |                    |               |
| STREET ADDRESS                                      |  |   | 3.3 STR                 |                |  |   |               |                    |               |
| CITY-ST-ZIP   |  |   | 3.4. CITY               |                | <u> </u>                                     | <del></del>   |               | ☐ Change           | Addition      |
| TITLE   |  | ☐ DELETE  | 4.1 TITLE               |                |  |   |               | Change             |               |
| NAME  |  |   | 4. 2 NAM                |                |  |   |               |                    |               |
| STREET ADDRESS                                      |  |   | 4.3 STRI                | EET ADI        | RESS   |   |               |                    |               |
| CITY-ST-ZIP   |  |   | 4.4 CITY                |                | <u>'</u>                                     |   |               | Change             | Addition      |
| TITLE   |  | ☐ DELETE  | 5.1 TITU                |                |  |   |               | Change             | ☐ Addition    |
| NAME  | -  |   | 5.2 NAM                 |                |  |   |               |                    |               |
| STREET ADDRESS                                      |  |   | 5.3 STR                 |                |  |   |               |                    |               |
| CITY-ST-ZIP   |  |   | 5.4 CITY                |                | <u>'                                    </u> | · · · · · · · · · · · · · · · · · · ·   |               | [][0]              | □ A JJE.      |
| TITLE   |  | ☐ DELETE  | 6.1 TITLE               |                |  | •   |               | Change             | ☐ Addition    |
| NAME  |  |   | 6.2 NAM                 |                |  |   |               |                    |               |
| 1   |  |   | 6.3 STRI                |                |  |   |               |                    |               |

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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_\_

CITY-ST-ZIP \*

727-942-6848