

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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L25675 (4)**  
 1. Corporation Name  
**GULF TO CANYON, INC.**



Principal Place of Business <b>% JOHN CRIDER          P.O. BOX 2410          CRYSTAL RIVER FL 32623-2410</b>	Mailing Address <b>% JOHN CRIDER          P.O. BOX 2410          CRYSTAL RIVER FL 34423-2410</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/28/1989</b>	3a. Date of Last Report <b>05/16/1996</b>
4. FEI Number <b>65-0178542</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CRIDER, JOHN  
 521 WEST FORT ISLAND TRAIL  
 SUITE A  
 CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	IEHL, RONALD J.	
STREET ADDRESS	521 W. FT. ISLAND WY #A	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE	<del>MOJICA, MAURBEEN</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>3142 53RD AVE E</del>	
STREET ADDRESS	<del>BRADENTON FL</del>	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD J. IEHL	
1.3 STREET ADDRESS	521 W. FT. ISLAND WY #A	
1.4 CITY - ST - ZIP	CRYSTAL RIVER FL	

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: *[Signature]* 4/20/97 941-792-7080  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)