


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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L80799 (4)</b> 1. Corporation Name <b>GULF COAST RESALE, INC.</b>					
Principal Place of Business <del>889 AIRPORT ROAD, SOUTH</del> <del>NAPLES FL 33942</del>			Mailing Address <del>889 AIRPORT ROAD, SOUTH</del> <del>NAPLES FL 33942</del>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3905 Radio Rd Suite, Apt. #, etc. City & State Naples Zip 34104 Country Collier			2a. Mailing Address 3905 Radio Rd Suite, Apt. #, etc. City & State Naples FL Zip 34104 Country Collier		
3. Date Incorporated or Qualified 06/20/1990			4. FEI Number 65-0453873		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent GODWIN, TODD L. <del>889 AIRPORT RD S</del> <del>NAPLES FL 33942</del>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3905 Radio Rd 83 84 City Naples FL 85 Zip Code 34104		
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	<input type="checkbox"/> DELETE			
NAME	GODWIN, LONNIE C.				
STREET ADDRESS	889 AIRPORT RD SOUTH				
CITY-ST-ZIP	NAPLES FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GODWIN, TODD L.				
STREET ADDRESS	889 AIRPORT RD SOUTH				
CITY-ST-ZIP	NAPLES FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	GODWIN, DOUGLAS L				
STREET ADDRESS	889 AIRPORT ROAD, SOUTH				
CITY-ST-ZIP	NAPLES FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GODWIN, AARON				
STREET ADDRESS	889 AIRPORT RD S				
CITY-ST-ZIP	NAPLES FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Godwin Lonnie				
1.3 STREET ADDRESS	3905 Radio Rd				
1.4 CITY-ST-ZIP	NAPLES FL 34104				
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	3905 Radio Rd				
2.3 STREET ADDRESS	NAPLES FL 34104				
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	3905 Radio Rd				
3.3 STREET ADDRESS	NAPLES FL 34104				
3.4 CITY-ST-ZIP					
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	3905 Radio Rd				
4.3 STREET ADDRESS	NAPLES FL 34104				
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 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]*

1/13/98

CR2E034 (10/97)