

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M91463 (3)

1. Corporation Name

GULFCOAST FINANCIAL CORPORATION



Principal Place of Business

C/O PAUL MASON
4581 TRAWLER CT. 201
FT. MYERS FL 33919

Mailing Address

C/O PAUL MASON
4581 TRAWLER CT. 201
FT. MYERS FL 33919

3. Date Incorporated or Qualified

07/28/1988

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASON, PAUL
4581 TRAWLER CT. 201
FT. MYERS FL 33919

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

MASON, PAUL

STREET ADDRESS

4581 TRAWLER CT. 201

CITY-ST-ZIP

FT. MYERS FL

TITLE

DS

☐ DELETE

NAME

MASON, GAIL

STREET ADDRESS

4581 TRAWLER CT. 201

CITY-ST-ZIP

FT. MYERS FL

TITLE

Director Kelly Joy Mason

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 941-549-3575
Daytime Phone #

CR2E034 (12/95)