	<b>FILE NOW: FILIN</b>	IG FEE IS \$61	1.25			
CORP ANNUA	IPROFIT ORATION AL REPORT 996	442;	B. Mortham ry c <b>\</b> State	•	,	
DOCUM 1. Corporation N						
NAPM -	FLORIDA GULF COAST	INC.				
Principal Place o		Mailing Address P.O. BOX 133	204			
11 N/A	11	P.U. BUX 133	134			
N/A		ST. PETERSBL	JRG, FL	3373	3. Date incorporated or Qualified 12/28/83	3a. Date of Last Report 7/14/95
2. Principal Plac	be of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2434365	Not Applicable  \$8.75 Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>1</sub> ρ	Country	,	8. This corporation has liability for	intangible tax under si 199.032, □ Yes <b>XX</b> No
24	25 9 Name and Address of Current	29 29 Agent	[30]		Florida Statutes  10. Name and Address of New F	
CEOD	GE E. MARTIN		81	Name		
	BAYLAKE TRAIL		62	Street Ad	dress (P.O. Box Number is Not Acceptate	ole)
	MAR, FL 34677		83			
	•					85 Zip Code
			84	′		FL
or ropintore	o the provisions of Sections 617,0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Secti	sa. Such change was authoriz	eu ov die con	named corp poration's bo	oration submits this statement for the puard of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
SIGNATURE	n, and accept the obligations of Section	on gry .0000; i lonou orainite	s.			
	Signature, typed or printed name of registered agent		OTr Hegistereo Age 13.	ent signature récy.	red vitien reinstating) ADD/TIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1 I TITLÉ		7 CALL TO THE COLUMN TO THE CALL THE CA	Change Addition
NAME	DNA DIRECTOR	ע <u>ר</u>	1.2 NAME			
STREET ADDRESS	MIKE BARNEY 1800 9th AVE. N.		1.3 STREE	T ADORESS		
CITY - ST - ZIP	ST. PETERSBURG,	FL - Flores	1.4 CITY-			Change Addition
TITLE	PRESIDENT	DELETE	21 TITLE			[ Charge [ Module
NAME STREET ADDRESS	CARL ECKERT		2.2 NAME 2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	4904 EISENHOWER	ST. 310	2 4 CITY			
TITLE	TAMPA, FL 3363	4 DELETE	3.1 TIFLE	4		Change Addition
NAME	TREASURER GEORGE E. MARTIN		3.2 NAME	i i		
STREET ADDRESS	626 BAYLAKE TRAI	L	3 3 5 FRE	ET ADDRESS	•	
CITY-ST-ZIP TITLE	OLDSMAR, FL 34		4 1 TeTle		VICE PRESIDENT ()	Change XX Addition
NAME			4 2 NAM	IE .	DOUGLAS SCHANK	,
STREET ADDRESS				ET ADDRESS	3201 34th ST. SOUTH	00744
CITY-ST-ZIP		DELETE	4 4 CITY 5 1 TITLE		ST. PETERSBURG, FL	33711 Change Addition
TITLE		Poccest	5 2 NAM			
NAME STREET ADDRESS				ET ADDRESS	8000018	72588 .
CITY-ST-ZIP				- SI - ZIP		022-006-
TITLE		☐ D€LETE	61 TULE		***61.25	Criside Challen
NAME			6.2 NAM 6.2 S106	EET ADDRESS		W 730
STREET ADDRESS			1	CT_7IP		Kin

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 in Block 12 or Block 13 if changed or man attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE MICTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bala 13/855-9466

Daylore Phone #

CR2E037 (12/95)