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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N01362** **(5)**

1. Corporation Name

GULFCOAST GEM & MINERAL SOCIETY, INC.

Principal Place of Business	Mailing Address
710 IOWA AVE., (LYNN HAVEN. FL) P. O. BOX 1885 PANAMA CITY FL 32402	408 ROWE DRIVE PANAMA CITY FL 32401-3968 US

3. Date Incorporated or Qualified: 02/09/1984	3a. Date of Last Report: 02/12/1996
4. FEI Number: 58-1272609	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NEAL, BIBIANA
408 ROWE DRIVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: Robert Pflgel
82 Street Address (P.O. Box Number is Not Acceptable): 1802 Fourth, St.
83
84 City: Southport **FL** 85 Zip Code: 32409

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 23 Jan 97
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	P	☒ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	NEAL, BIBIANA		12 NAME	Robert Pflgel	
STREET ADDRESS	408 ROWE DRIVE		13 STREET ADDRESS	1802 Fourth St.	
CITY-ST-ZIP	PANAMA CITY FL		14 CITY-ST-ZIP	Southport FL 32409	
TITLE	V	☒ DELETE	21 TITLE	V	☒ Change ☐ Addition
NAME	HUMPAL, BILL		22 NAME	George Cook	
STREET ADDRESS	1510 HARVARD BLVD		23 STREET ADDRESS	PO Box 10299	
CITY-ST-ZIP	LYNN HAVEN FL		24 CITY-ST-ZIP	Parker FL 32404	
TITLE	S	☒ DELETE	31 TITLE	S	☒ Change ☐ Addition
NAME	MATTHEWS, DELL		32 NAME	Teir Juana Cook	
STREET ADDRESS	4011 W. 24TH STREET		33 STREET ADDRESS	PO Box 10299	
CITY-ST-ZIP	PANAMA CITY FL		34 CITY-ST-ZIP	Parker FL 32404	
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HAVILAND, GUY		42 NAME		
STREET ADDRESS	2929 FAIRMONT DR		43 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	PORTER, JACK		52 NAME		
STREET ADDRESS	339 FLOYD DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	PFLEGEL, ROBERT		62 NAME	Bibiana Neal	
STREET ADDRESS	1802 FOURTH STREET		63 STREET ADDRESS	408 Rowe Dr.	
CITY-ST-ZIP	SOUTH PORT FL		64 CITY-ST-ZIP	Panama City FL 32401	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 23 Jan 97