FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:04

DOCUMENT # **P17339** **(3)**

1. Corporation Name
GULF COAST MEDIA, INC.

Principal Place of Business	Mailing Address
333 EAST GRACE STREET RICHMOND VA 23219 US	P O BOX 85333 RICHMOND VA 23293-0001 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 15299 Cortez Blvd.
Suite, Apt. #, etc. (22): Suite A
City & State (23): Brooksville, FL
Zip (24): 34613 Country (25): US

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 54-1440454 ☐ 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 PAID

9. Name and Address of Current Registered Agent

HARVILL, H. DOYLE
202 SOUTH PARKER ST.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: BUTCHER, JACK
82 Street Address (P.O. Box Number is Not Acceptable): 202 SOUTH PARKER STREET
83:
84 City: TAMPA FL 85 Zip Code: 33606

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] 5-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed in) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☑ Addition
NAME	BRYAN, J. STEWART	12 NAME		
STREET ADDRESS	333 EAST GRACE STREET	13 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	14 CITY-ST-ZIP	23219	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	HARVILL, H. DOYLE	22 NAME	BUTCHER, JACK	
STREET ADDRESS	202 SOUTH PARKER STREET	23 STREET ADDRESS	202 SOUTH PARKER STREET	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, GEORGE L	32 NAME		
STREET ADDRESS	333 E GRACE ST	33 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23219	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☑ Addition
NAME	MORTON, MARSHALL N.	42 NAME		
STREET ADDRESS	333 EAST GRACE STREET	43 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	44 CITY-ST-ZIP	23219	
TITLE	VD	51 TITLE		☐ Change ☑ Addition
NAME	GRAHAM, WOODLIEF H.	52 NAME		
STREET ADDRESS	333 E GRACE ST	53 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	54 CITY-ST-ZIP	23219	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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 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] TREASURER 4/28/95 (804) 649-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477016 FP