

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

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000015200 (8)

1. Corporation Name

~~TMJ PROPERTY SERVICES, INC.~~
Gulf Coast Residential Building & Remodeling, Inc.
NCS-9

Principal Place of Business
3061 LOCKWOOD LAKE CIRCLE
SARASOTA FL 34234

Mailing Address
P O BOX 1152
SARASOTA FL 34230-1152



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1993		3a. Date of Last Report 08/06/1996	
21		26		4. FEI Number 65-0376857		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, T M 3061 LOCKWOOD LAKE CIRCLE SARASOTA FL 34234				81. Name	SAME		
				82. Street Address (P.O. Box Number is Not Acceptable)	NO		
				83.	CHANGE		
				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 *T. Mark Johnson* 4/18/97
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	D	<input type="checkbox"/> DELETE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, T M			12. NAME			
STREET ADDRESS	3061 LOCKWOOD LAKE CIRCLE			13. STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34234			14. CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, SHARON E			22. NAME			
STREET ADDRESS	3061 LOCKWOOD LAKE CIRCLE			23. STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34234			24. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52. NAME	800002202218		
STREET ADDRESS				53. STREET ADDRESS	-06/05/97--01002--034		
CITY-ST-ZIP				54. CITY-ST-ZIP	***165.00		
TITLE		<input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. CITY-ST-ZIP			

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

SIGNATURE *T. Mark Johnson* 4/18/97 941-345-2223
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (9/96)