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 # P93000042967 (8)

1. Corporation Name
GULF COAST PROPERTY MANAGEMENT, INC.

Principal Place of Business
8951 BONITA BEACH ROAD 27671
BONITA SPRINGS FL 33923

Mailing Address
8951 BONITA BEACH ROAD
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 06/15/1993
3a. Date of Last Report: 05/22/1995

2. Principal Place of Business
21: 27671 Hacienda Blvd E
Suite, Apt. #, etc.
22: #322D
City & State
23: Bonita Springs, FL
Zip 24: 33923 Country 25: Lee

2a. Mailing Address
26: 27671 Hacienda Blvd E
Suite, Apt. #, etc.
27: #322D
City & State
28: Bonita Springs FL
Zip 29: 33923 Country 30: Lee

4. FEI Number: 65-0418228 ☐ 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

9. Name and Address of Current Registered Agent

COUCH, ROBERT B
~~8951 BONITA BEACH ROAD~~ 27671 Hacienda Blvd E
~~#655~~ #322D
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: Robert B Couch
82 Street Address (P.O. Box Number is Not Acceptable): 27671 Hacienda Blvd E
83: #322D
84 City: Bonita Springs FL 85 Zip Code: 33923

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 _____ (NOTE: Registered Agent's signature required when not filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUCH, ROBERT B 8951 BONITA BEACH ROAD #655 BONITA SPRINGS FL 33923 ☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Couch, Robert B. 27671 Hacienda Blvd E #322D Bonita Springs FL 33923 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUCH, FLORENCE M 8951 BONITA BEACH ROAD #655 BONITA SPRINGS FL 33923 ☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Couch Florence M 27671 Hacienda Blvd E #322D Bonita Springs FL, 33923 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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

SIGNATURE: Robert B Couch Robert B Couch 5-4-96 992-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #