

**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 # P93000071897**

1. Corporation Name

**GULF COAST CREATIVE COMMUNICATIONS INC**

Principal Place of Business

Mailing Address

**P O BOX 1977  
NAPLES FL 33939**

3. Date Incorporated or Qualified  
**10/15/93**

3a. Date of Last Report  
**05/01/95**

2. Principal Place of Business

2a. Mailing Address

**21 5665 AIRPORT RD N**

**26**

Suite, Apt. #, etc

Suite, Apt. #, etc

**22**

**27**

City & State

City & State

**23 NAPLES FL**

**28**

Zip

Country

Zip

Country

**24 33942**

**25 COLLIER**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC  
1201 HAYS ST  
TALLAHASSEE FL 32301**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**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

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent Signature is required when filing a change)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
RODNEY NETTLES  
350 5TH AVE S  
NAPLES FL 33940**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 NAME  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
**1096 29TH AVE N**

21 NAME  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 NAME  
32 NAME  
33 STREET ADDRESS  
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☐ Change ☐ Addition

291 NAME  
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293 STREET ADDRESS  
294 CITY-ST-ZIP

☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 7-2-96

Date

Typed Name

CR2E034 (12/95)