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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033525 (4)

GULF COAST BOOKKEEPING, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



7580 MOBILE HWY 7580 MOBILE HWY PENSACOLA FL 32526 PENSACOLA FL 32526 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1994 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3241063 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. ___ Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HEWITT, KAREN 81 Name 7580 MOBILE HWY 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32526 **B**3 Zip Code 84 City 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 signature regulred when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE Change ___ Addition 1.1 TITLE HEWITT, KAREN NAME 1.2 NAME 7580 MOBILE HWY STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP 1.4 City - ST - ZIP DELETE Change Addition TITLE 2.1 THILE **OWENS, MARY** NAME 7531 TONTO STREET STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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 suppliemental 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.