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FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000037659 (7)

1. Corporation Name

GOLD COAST TOUR AND TRAVEL, INC.

Principal Place of Business

Mailing Address

24 CATHEDRAL PLACE  
SUITE 412  
ST. AUGUSTINE FL 32084  
US

24 CATHEDRAL PLACE  
SUITE 412  
ST. AUGUSTINE FL 32084-4428  
US

2. Principal Place of Business

2a. Mailing Address

21 551 CARCABA RD.  
Suite, Apt. #, etc.

26 551 CARCABA RD.  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 ST. AUGUSTINE

28 ST. AUGUSTINE

24 FL. 32095

25 ST. JOHN'S

29 FL. 32095

30 ST. JOHN'S

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/16/1994

04/08/1996

4. FEI Number

Applied For

59-3246856

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

10. Name and Address of New Registered Agent

GATES, ELIZABETH H  
FIRST UNION TOWER SUITE 412  
24 CATHEDRAL PLACE  
ST. AUGUSTINE FL 32084

81 Name

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

83 551 CARCABA RD.

84 City  
ST. AUGUSTINE

FL

85 Zip Code

32095

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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSTD  
HOLIDAY, ANDREA  
551 CARCABA ROAD  
ST. AUGUSTINE FL 32094

DELETE

VD  
GATES, ELIZABETH H  
551 CARCABA ROAD  
ST. AUGUSTINE FL 32095

DELETE

VD  
DAVIS, CAROL  
141 HOLLISTER CEMETARY ROAD  
HOLLISTER FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 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 *Andrea Holiday* (ANDREA HOLIDAY) 4/29-97 (904)824-3825

CR2E034 (9/96)