

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

551 CARCABA RD
ST. AUGUSTINE FL 32084
US

Mailing Address

551 CARCABA RD
ST. AUGUSTINE FL 32084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

59-3246856

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

32095

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

32095

Country

30

9. Name and Address of Current Registered Agent

GATES, ELIZABETH H
551 CARCABA RD
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

DAVIS, CAROL

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

141 HOLLISTER CEMETARY ROAD

83

84 City

HOLLISTER

FL

85 Zip Code

32147

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

Carol Davis
Signature, typed or printed name of registered agent and title if applicable

CAROL DAVIS, VD

(NOTE: Registered Agent signature required when reinstating)

APRIL 9, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME HOLIDAY, ANDREA
STREET ADDRESS 551 CARCABA ROAD
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE VD
NAME GATES, ELIZABETH H
STREET ADDRESS 551 CARCABA ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE VD
NAME DAVIS, CAROL
STREET ADDRESS 141 HOLLISTER CEMETARY ROAD
CITY-ST-ZIP HOLLISTER FL

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 32095

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 32147

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

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 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 APR 9-98 944-824-3825

CR2E034 (10/97)