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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000043925 (4)

GULF COAST MICROSYSTEMS INCORPORATED

Principal Place of Business

Mailing Address

3746_BREEZEMONT-DR SARASOTA FL 34232

3748-BREEZEMONT-DR

FILED Apr 24 1998 8:00am Secretary of State



SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1994 2. Principal Place of Business 2a. Mailing Address Applied For 1451 NW 112 1451 NW 112 WA 65-0500531 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GENTRY, DONALD R 3746 BREEZEMONT OR Street Address (P.O. Box Number is Not Acceptable) SAPASOTA FL 34232 1451 NW 112 WAY City Zip Code 33071 11. Pursuant to the previsions 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 portion Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am I miliar with, and accept the obligations of Section 607 0505, Florida Statutes. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE 1.1 TITLE TITLE GENTRY, DONALD NAME 1.2 NAME 9740 BREEZEMONT DR 1451 NW 112WAY STREET ADDRESS 1.3 STREET ADDRESS 33071 SARASOTA FL-CORPUSPRINGS, CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

14. Thereby 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 in the country of the composition of the composition of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, orlon an attactyment wife or applyers.

SIGNATURE: