## 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 # P9400053

J. & S. GULF COAST ENTERPRISES, INC. P94000053409 (6)

**FILED** Mar 31 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							<del></del>	-
1937 PATRIC				1937 PATRICIAN WAY				:
FT. WALTON	BEACH FL 3254	17	FT. WALTON BE	ALTON BEACH FL 32547				DO NOT WRITE IN THIS SPACE
•	•					3. Date incorporated or Qualified 07/18/1994		
2. Principal P	Place of Busines	ss	2a. Mailing Addre	2a. Mailing Address				4. FEI Number Applied For
21			26					65-0511760 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				Certificate of Status Desired     Sa.75 Additional Fee Required
Uity ox Stat	le		City & State	<del>}                                    </del>			•	6. Election Campaign Financing \$5.00 May Be
23				Zip Country				Trust Fund Contribution Added to Fees
2 <sup>(p)</sup>	Zip Country		29 30		JOUI III y	-   • , ,,,,,		8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Curr								10. Name and Address of New Registered Agent
FITZGERALD, SCOTT D 81 Name								
1027 PATDICIAN WAY						82 Street Address (P.O. Box Number is Not Acceptable)		
FT.			L.					
					83			
					84	0	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								
-10	Signature, typed or	<u> </u>	d agent and title if applicable.		tered Age	ent 6	ignature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PTBO	OFFICERS	AND DIRECTORS		.1 TITLE		Υ	Change Addition
NAME		LD, GERALD T		1.2 NAME				
STREET ADDRESS 433 TARRYTOWN ST.				1.3 STREET AD		DRESS		
CITY-ST-ZIP	PORT CH/	arlote fl		1.4 CITY-ST-ZIP			IP	
TITLE	VSBD		☐ DE	LETE 2.	.1 TITLE			Change Addition
NAME FITZGERALD, SCOTT				2.2 NAME				
STREET ADDRESS		RRYTOWN STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHA	ARLOTTE FL 339	RLOTTE PL 33952			ST-Z	ZiP	
TITLE			L DE		.1 TITLE			Change
NAME					.2 NAME .3 STREET		DOEGO	
STREET ADDRESS								
CITY-ST-ZIP TITLE		DE			I.4. CITY-ST-ZIP		Change Addition	
NAME			<b></b>		2 NAME		1	<del>_</del> • • • •
STREET ADDRESS					3 STREET		DRESS	
CITY-ST-ZIP				4.	4 CITY-S	ST-Z	IP	
TITLE			☐ DE	LE <b>TE</b> 5.	1 TITLE			Change Addition
NAME				5.	2 NAME			
STREET ADDRESS					3 STREET			
CITY-ST-ZIP			——————————————————————————————————————		4 CITY - S	ST-Z	iiP	Change II Addition
TITLE			□ DE		1 TITLE		1	Change Addition
NAME					.2 NAME		Darce	
STREET ADDRESS	1				3 STREET		1	
CITY-ST-ZIP	t certify that the i	information supplie	od with this filing does not	qualify for the	4 CITY - S exemp	otior	n stated in S	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.								