

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 03 1998 8:00am
Secretary of State

DOCUMENT # P95000001583 (0)

1. Corporation Name
GULF COAST AMUSEMENTS, INC.



Principal Place of Business

2158 MUIRFIELD WAY
OLDSMAR FL 34677
US

Mailing Address

2158 MUIRFIELD WAY
OLDSMAR FL 34677
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

59-3287704

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.

23. City & State

23
City & State

24
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27. City & State

27
City & State

28
Zip

30
Country

9. Name and Address of Current Registered Agent

GRESHAM, GREGORY L
918A DEW STREET
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81. Name

81
Name

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

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

83. City

83
City

84. State

84
State

85. Zip Code

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 *[Signature]*
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

7/27/97
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CUSICK, WILLIAM P
STREET ADDRESS 2158 MUIRFIELD WAY
CITY-ST-ZIP OLDSMAR FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☒ Addition

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 *[Signature]*
Signature, typed or printed name of registered agent and title (if applicable)

CR2E034 (5/98)

To whom it may concern:

PJ2

I received the 2nd Notice for
A Filing Fee of \$550.00, when I
Never received the first Notification
for the \$150.00. I finally got
through on the telephone to your
office and explained the woman was
extremely helpful and gave me
the correct address. I have corrected
my mailing address and have
enclosed a check for \$550.00,

Sorry for the delay

Willis C. Chase

President

Gulf Coast Amateurs

59-3287704