

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007625 (3)

1. Corporation Name

GULF COAST VACATION RENTALS OF SGI, INC.



Principal Place of Business

HCR BOX 90
ST. GEORGE ISLAND FL 32328

Mailing Address

HCR BOX 90
ST. GEORGE ISLAND FL 32328

3. Date Incorporated or Qualified
01/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 45 EAST FIRST ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, LORA L
HCR BOX 90
ST. GEORGE ISLAND FL 32328

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1528 EAST GULF BEACH DRIVE

83

84 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

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 P
NAME JAMES, LORA L
STREET ADDRESS HCR BOX 186
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328

TITLE V
NAME JAMES, CHARLOTTE A
STREET ADDRESS HCR BOX 90
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328

TITLE ST
NAME JAMES, L.S.
STREET ADDRESS HCR BOX 90
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328

TITLE V
NAME MITCHELL, TERRI F
STREET ADDRESS 1015 TOKEN WAY
CITY-ST-ZIP KENNESAW GA 30144

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

1528 EAST GULF BEACH DRIVE

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

757 EAST GORRIE DR

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

JAMES, LEWIS S. III
316 MARKS ST.

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

904/927-2596

CR2E034 (12/95)