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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000028588 (8)

GULF AND ATLANTIC SEARCH COMPANY, INC. Principal Place of Business Mailing Address 13417 GULF LN P. O. BOX 8127 MADEIRA BEACH FL 33738-8127 MADEIRA BEACH FL 33708 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1995 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3314622 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SPAETH, ROBERT A 13417 GULF LANE 82 Street Address (P.O. Box Number is Not Acceptable) MADEIRA BEACH FL 33708 83 City Zip Code 85 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 pented name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition THUE 1.5 TITLE SPAETH, ROBERT 1.2 NAME R2E034 NAME 13417 GULF LN 1.3 STREET ADDRESS STREET ADDRESS MADEIRA BEACH FL 33708 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Addition THE 21 THILE Change NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP City SI-78 DELETE Change Addition THE 3.1 TITLE 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3.4. CITY - ST - ZIP CUY-ST-ZIE DELETE ☐ Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TrTLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-SI-7IP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I do 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 expowated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an abdress.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

May 14 1997 8:00am

Secretary of State