

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000049441 (5)**

1. Corporation Name

**DATA SERVICES OF THE GULF COAST, INC.**



Principal Place of Business <b>10 HOLLYWOOD BLVD SE FT WALTON BEACH FL 32548</b>	Mailing Address <b>10 HOLLYWOOD BLVD SE FT WALTON BEACH FL 32548-4947</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/21/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3324101</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ABNEY, EDDIE C**  
**10 HOLLYWOOD BLVD SE**  
**FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZIER, GLORIA K</b>	1.2 NAME	
STREET ADDRESS	<b>10 HOLLYWOOD BOULEVARD SOUTHEAST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT WALTON BEACH FL 32548</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLYE, DOROTHY</b>	2.2 NAME	
STREET ADDRESS	<b>10 HOLLYWOOD BOULEVARD SOUTHEAST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT WALTON BEACH FL 32548</b>	2.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETERSON, DALE E</b>	3.2 NAME	<b>EDDIE C ABNEY</b>
STREET ADDRESS	<b>93 DOLPHIN STREET</b>	3.3 STREET ADDRESS	<b>10 HOLLYWOOD BLVD SE</b>
CITY - ST - ZIP	<b>DESTIN FL 32541</b>	3.4 CITY - ST - ZIP	<b>FT WALTON BCH FL 32548</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILHEN, KATHY</b>	4.2 NAME	<b>KATHY WILHELM</b>
STREET ADDRESS	<b>938 S. FERDON BLVD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CRESTVIEW FL 32538</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUMACK, TOM</b>	5.2 NAME	
STREET ADDRESS	<b>8487 NAVARRE PARKWAY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAVARRE FL 32568</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UNDERWOOD, SANDI</b>	6.2 NAME	
STREET ADDRESS	<b>5170 S. FERDON BLVD.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CRESTVIEW FL 32538</b>	6.4 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 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: *Gloria K Frazier* 4/17/97 904 657-245X  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)