


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

0534848

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90189 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000049441

1. Corporation Name
DATA SERVICES OF THE GULF COAST, INC.



Principal Place of Business 10 HOLLYWOOD BLVD SE FT WALTON BEACH FL 32548	Mailing Address 10 HOLLYWOOD BLVD SE FT WALTON BEACH FL 32548
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/21/1995		4. FEI Number 59-3324101		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
City & State 23	City & State 28	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip 24	Country 25	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ABNEY, EDDIE C 10 HOLLYWOOD BLVD SE FT WALTON BEACH FL 32548		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		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: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEEL, BRUCE		1.2 NAME TEEL, BRUCE	
STREET ADDRESS 499 N FERDON BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP CRESTVIEW FL 32536		1.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIMBERLY, CHARLES H		2.2 NAME WIMBERLY, CHARLES H	
STREET ADDRESS 130 MARY ESTHER BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP MARY ESTHER FL 32569		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ABNEY, EDDIE C.		3.2 NAME FRAZIER, GLORIA	
STREET ADDRESS 10 HOLLYWOOD BLVD SE		3.3 STREET ADDRESS 10 HOLLYWOOD BLVD SE	
CITY-ST-ZIP FT WALTON BCH FL		3.4 CITY-ST-ZIP FT WALTON BCH, FL 32548	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILHELM, KATHY		4.2 NAME DEASON, AL	
STREET ADDRESS 938 S. FERDON BLVD.		4.3 STREET ADDRESS 10 HOLLYWOOD BLVD SE	
CITY-ST-ZIP CRESTVIEW FL		4.4 CITY-ST-ZIP FT WALTON BCH, FL 32548	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHUMACK, TOM		5.2 NAME NORGAN, WARREN	
STREET ADDRESS 8487 NAVARRE PARKWAY		5.3 STREET ADDRESS 10 HOLLYWOOD BLVD SE	
CITY-ST-ZIP NAVARRE FL 32566		5.4 CITY-ST-ZIP FT WALTON BCH, FL 32548	
TITLE P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UNDERWOOD, SANDI		6.2 NAME	
STREET ADDRESS 5170 S. FERDON BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP CRESTVIEW FL		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles H. Wimberly **CHARLES H. WIMBERLY** 4/26/99 850-244-4577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)