

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070075 (3)

1. Corporation Name

GULF TRUST INVESTMENTS, INC.

Principal Place of Business

Mailing Address

4100 CORPORATE SQUARE BLVD.
NAPLES FL 33942

4100 CORPORATE SQUARE BLVD.
NAPLES FL 33942

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address
21 152 Wickliffe Dr	26 PO BOX 100000
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 SAME
City & State	City & State
23 Naples Florida	28 NAPLES FLORIDA
Zip	Zip
24 33942	29 33942
Country	Country
25 Collier County	30 FLORIDA

3. Date Incorporated or Qualified	3a. Date of Last Report
09/07/1995	9/7/1995
4. FEI Number	Applied For
59-3330671	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEHMAN, CHARLES 2335 N. TAMiami Trl., STE. 201 NAPLES FL 33940		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		DATE	
[Signature] KAVIN M. MCVICKER		31 JULY 96	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, RANDY L	1.2 NAME	
STREET ADDRESS	3168 SANTA BARBARA BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33999	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVICKER, KEVIN H	2.2 NAME	
STREET ADDRESS	3168 SANTA BARBARA BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33999	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVICKER, CARL G	3.2 NAME	
STREET ADDRESS	3168 SANTA BARBARA BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33999	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, STAN	4.2 NAME	
STREET ADDRESS	3168 SANTA BARBARA BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33999	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, 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

Date

Daytime Phone #

CR2E034 (3/96)