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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096287 (4)

GULF COMMUNICATION CONTRACTORS, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address							
870 E. NELSO	ON AVENUE	670 E. NELSON STREET							
DEFUNIAK SPRINGS FL 32433		DEFUNIAK SPRINGS FL 32433				DO NOT WRITE IN THIS SPACE			
US		U\$				3. Date Incorporated or Qualified			
						12/18/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26				59-3352274	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27						tequired	
City & State		City & State				6: Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28 	Countr			1100,10100011110011			
24	25	29	30	, ,		8. This corporation owes or has paid the curr Personal Property Tax due June 30.		No	
<u> </u>	9. Name and Address of Current	<u> </u>	1901			10. Name and Address of New Registered			
CA	MPBELL, JANET B			81	Name	, , , <u>, , , , , , , , , , , , , , , , </u>			
DO LINE OT				82	Street Ado	Address (P.O. Box Number is Not Acceptable)			
					olibei Add	Address (r.o. box Number is Not Acceptable)			
				84	City		85 Zip	Code	
	_			İ	•	FL			
11. Pursuant t	to the provisions of Sections 607 0502	and 607.1508, Florida Statu	utes, the at	1-9Voc	named cor	poration submits this statement for the purpose of alion's board of directors. I hereby accept the appli	changing	its registered registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	utes.	no de porc	and the second of an edition of the second o	5111111111 K G	109.0.0.00	
SIGNATURE Signature, typed or pented harve of registered agent and title if applicable (NOTE: Registered Agen; signature required when reinstating) DATE									
12.	OFFICERS AND		13.	i ngti i	arginatore requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS (N 12	
TITLE	P	DELETE	1.1 10	ILF			Change	☐ Addition	
NAME	CAMPBELL, JANET B		1.2 NA	ME					
STREET ADDRESS	676 HILL ST.		1.3 ST	REET AC	DORESS				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		1.4 CI						
TITLE	ST	■ DELETÉ	2.1 TI			5/T	Change	Addition	
NAME	HOWELL, OLIVIA J.		2.2 NA	ME	(CAMPBELL, KIMBERLY K.			
STREET ADDRESS	\$30 JOHN WHITE RD			REET AC	١,٠	378 H111 St.			
CITY-ST-ZIP	DEFINIAK SPRINGS FL	Doruge		TY-ST-	ZIP	DeFuniak Springs, FL	Change	LAddition	
TRILE		☐ DFLETE	3.1 TII				Linange	Addition	
NAME			3 2 NA		NODE OF				
STREET ADDRESS				REET AC					
CITY-ST-ZIP TITLE		DELETE	3.4. C	ITY-ST-	- 2117		Change	Addition	
NAME		total Canada	4.2 N						
STREET ADDRESS				REET AS	DORESS				
CITY-ST-ZIP				TY-ST-					
TITLE		DELETE	5.1 11				Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 S1	REET AC	DORESS				
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI	ILE	and I		Change	Addition	
NAME			6 2 NA	ME					
STREET ADDRESS	🖰		6.3 ST	REET AC	DDRESS				
CITY-ST-ZIP			6.4 CI	1Y-ST-	ZIP				

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 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.