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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

**FILED** 

Jun 05 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600031054 (5)

**GULF COAST ELECTRONIC BILLING, INC.** 

| Principal Place of Business Mailing Address    |  |                               |   |              | _       |  | I INDIIDON IID SOIND BUILT BORN ODNIK ODKIK ODKOB LANGU TURIN ODIAL PION BUIL BUIL              |            |                           |          |
|--|--|-------------------------------|---|--------------|---------|--|---|------------|---------------------------|----------|
| 5304 CRYSTAL CREEK DRIVE 5304 C                |  |                               | ENRY GAMBRELL<br>4 CRYSTAL CREEK DRIVE<br>E FL 32571-9073 |              |         |  |   |            |                           |          |
|  |  |                               |   |              |         |  | 3. Date incorporated or Qualified 04/09/1996  | 3a. Date o | Last Re                   | eport    |
| 2. Principal Place                             | 2a. Mailing /                                | 26 Mailing Address            |   |              |         | 59-3371952   |   | h          | plied For<br>t Applicable |          |
| Suite, Apt. #,                                 | Suite, Ap                                    |                               |   |              |         | 5. Cortificate of Status Desired   \$8.75 Additional Fee Required                    |   |            |                           |          |
| City & State                                   | City & Si<br>28                              | City & State                  |   |              |         | 6. Election Campaign Financing Trust Fund Contribution   \$5.00 May Be Added to Fees |   |            |                           |          |
| Zip  | Country 25                                   |                               |   |              | ntry    |  | 8. This corporation has liability for intangible tax upder s. 199.032, Florida Statutes Yes DNo |            |                           |          |
| 9, Name and Address of Current Registered Agen |  |                               |   |              |         |  | 10. Name and Address of New Registered Agent  |            |                           |          |
| GAMBRELL, HENRY B JR                           |  |                               |   |              | 81      | Name   |   |            |                           |          |
| 5304 CRYSTAL CREEK DRIVE<br>PACE FL 32571      |  |                               |   |              | 82      | Street Addre   | ss (P.O. Box Number is Not Acceptable)  |            |                           |          |
| , INDE   | 1 6 0207 1                                   |                               |   | ļ            | 83      |  |   | ·····      |                           |          |
|  |  |                               |   | l            | 84      | City   |   | FL 8       |                           |          |
| office or rea                                  |  | ate of Florida Such :         | change was a  | uthorized    | l by    | the corporation  | oration submits this statement for the pon's board of directors. I hereby accept                |            |                           |          |
| SIGNATURE SIGNATURE                            | nalure, lyped or printed name of registrated | agent and title if applicable | (NOTE   | - Registered | Age     | nt signature required  | d when reinstating)   | DATE       |                           |          |
| 12.  |  | AND DIRECTORS                 |   | 13.          |         |  | ADDITIONS/CHANGES TO OFFIC  |            |                           |          |
| TIFLE 😯  | tonny B. GAN                                 | 1 brell The Creeks            | DELETE  | 1.1 TIT      | LF      |  |   | L.J        | Change                    | Addition |
| NAME 63011 Constal Con                         |  |                               | ሽሔ  | 12 NAME      |         |  |   |            |                           |          |
| STREET ADDRESS                                 | Creare                                       | 13 STR                        |   |              | ADDRESS |  |   |            |                           |          |
| CITY-ST-ZIP                                    | Ace, Mh s                                    | 23//                          |   | 14 00        | Y-\$    | 1-7IP  |   |            |                           |          |
| TITLE  | /  | , [                           | ] DELETE  | 2.1 TH       | LE      |  |   |            | Change                    | Addition |
| NAME   |  |                               |   | 2.2 NA       | Mi      |  |   |            |                           |          |
| STREET ADDRESS                                 |  |                               |   | 2.3 ST       | REE 1   | ADDRESS  |   |            |                           | 1        |
| CITY-ST-ZIP                                    |  |                               | 7 05 50   | 2.401        |         | II - ZIP   |   |            |                           |          |
| TITLE  |  | L                             | DELETE  | 3.1 111      |         |  |   | لــا       | Change                    | Addition |
| NAME   |  |                               |   | 3 2 NA       |         |  |   |            |                           | ,        |
| STREET ADDRESS                                 |  |                               |   |              |         | ADDRESS  |   |            |                           |          |
| CITY-ST-ZIP                                    |  |                               | DELETE  | 3.4. CI      |         | 51-2IP   |   |            | Change                    | Addition |
| TITLE  |  | L.                            | Doctric   | 4.1 111      |         |  |   |            | Sharrye                   | Aodition |
| NAME   |  |                               |   | 4. 2 NA      |         |  |   |            |                           |          |
| STREET ADDRESS                                 |  |                               |   |              |         | ADDRESS  |   |            |                           |          |
| CITY-ST-ZIP                                    |  |                               | DELETE  | 4 4 CII      |         | 1 - ZIP  |   |            | Charige                   | Addition |
| TITLE  |  | L                             | _ PERTIL  | 51117        |         |  |   | <b>L</b> l | v nang€                   | ROUNGE   |
| NAME   |  |                               |   | 5.2 NA       |         | 4 P.O.E.C.O.C  |   |            |                           |          |
| STREET ADDRESS                                 |  |                               |   |              |         | ADDRESS  |   |            |                           |          |
| TITLE  |  |                               | DELETE  | 5.4 CIT      |         | 1 · ZII'   |   |            | Change                    | Addition |
| 1  |  | L                             | _ DECEME  |              |         | 1  |   | L          | oriungo                   | Addition |
| NAME   |  |                               |   | 6.2 NA       |         | 100,0100   |   |            |                           |          |
| STREET ADDRESS                                 |  |                               |   | 6.3 \$1      | nti I   | ADDRESS  |   |            |                           |          |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socion 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 eath; that I am an officer or director of the control or the receiver or trustee ampowered 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 attrichment with an address.

4-20-97