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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY - ST - ZIF

City St-202

TILLE

NAME STREET ADDRESS



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 28 1997 8:00am

Secretary of State

Change

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035019 (4)

GULF COAST GREASE CORP.

Principal Place of Business Mailing Address 351 BUNKERS COVE ROAD 351 BUNKERS COVE ROAD PANAMA CITY FL 32401 PANAMA CITY FL 32401-3911 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1996 28. Mailing Address 26. *P.O. Box 15626* 2. Principal Place of Business Applied For Not Applicable 21 Suite. Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STRICKLAND, EDWARD M 351 BUNKERS COVE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 84 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 27.0505. Florida Statutes. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS IN 12 12 (96/6) DELETE Change TITLE 1.1 TITLE NAME 1.2 NAME 1 Bunkers Cove Rd. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY - ST- ZIP Change DELETE Addition 21 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - 20F Change Addition ☐ DELETE 3.1 TITLE 17LE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY - ST. ZIF DELETE 4.1 TITLE Change Addition DILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7/P Change DELETE Addition 5.1 TITLE THEF 5.2 NAME NAME

14. I do nereby 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 suppliemental 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.

DELETE

5.3 STREET ADDRESS 54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME