2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000061983** GULF COAST SUPPORT COORDINATION, INC. 05-03-2000 90094 044 ***150.00 Principal Place of Business Mailing Address 4237 FUTURA DR. P.O. BOX 30275 PENSACOLA FL 32503-1275 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address 300 1162 Wakefield Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Pensacola FC 4. FEI Number Applied For City & State 59-3402335 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32514 Escambia Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bryant BRYANT, TERRILL J Street Address (P.O. Box Number is Not Acceptable) **4237 FUTURA DRIVE** PENSACOLA FL 32504 cipensa ala 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Terriu J. Bryant 11462 wakefield Dr. Pensacola FL 3254 Change ☐ Addition ☐ Delete TITLE TITLE BRYANT, TERRILL J NAME NAME STREET ADDRESS **4237 FUTURA DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 ☐ Change Addition Delete TITLE Bryant, Jeffrey C. 11462 Wakefield Dr. BRYANT, JEFFREY C NAME STREET ADDRESS STREET ADDRESS 4237 FUTURA DR Pensacola R_ 32514 CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND WIPED OR PRINTING IN AME OF SIGNING OFFICER OR DIRECTOR

(850) 968,3367

Daylime Phone #