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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P960000733331

GULF COAST CONNECTIONS, INC.

## FILED May 28 1998 8:00am Secretary of State

PUT III DO CONTROL DESIGNATION DE LA CONTROL DE L'ANDRE DE L'ANDRE

Principal Place of Business Mailing Address						
4919 LINWOOD STREET					DO NOT WRITE IN THIS SPACE	
SARA	SOTA, FL 34232		3. Date Incorporated or Qualified 9 / 4 / 9 6			
i					9/4/96	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
4919 LINWOOD ST 26					65-0693338	Not Applicable
Suite, Apt. #, etc.				5 Contitionts of Status Design 1		\$8.75 Additional
22 27						Fee Required
City & State	City & State	Iale		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
	SARASOTA, FL 28 Zip					
Zip				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24 34232 25 SARASOTA 29 30  9. Name and Address of Current Registered Agent					10. Name and Address of New Registers	
91 Nome						
BRUCE S. HOUGHTON					(D.O. Barahlania di Not Assessable)	
					ress (P.O. Box Number is Not Acceptable)	
SARA	SOTA, FL 34232		8	3		
			_			las i Zia Cada
			6	4 City	F	85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-peried 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PRESIDENT	☐ DELETE	1.1 TITL			Change Addition
BRUCE S. HOUGHTON			1.2 NAM	E		
STREET ADDRESS 4919 LINWOOD ST			1.3 STR6	ET ADDRESS		
CITY+ST-ZIP	SARASOTA, FL 34232			-ST-ZIP		Change
TITLE	VICE PRESIDENT DELETE		2.1 TITL	i		☐ Change ☐ Addition
NAME	SHARON M. HOUGHTON		2.2 NAM	i		
STREET ADDRESS	4919 LINWOOD ST			ET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232			r-ST-ZIP		Change Addition
TITLE		☐ Dettere	3.1 TITL	ŀ		C outside C vegeton
NAME			3.2 NAM	·		
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL	r-ST-ZIP		☐ Change ☐ Addition
NAME			4. 2 NAI			,
STREET ADDRESS			I -	EET ADDRESS		
CITY-ST-ZIP				-ST-ZiP		
TITLE		DELETE	5.1 TITL		20000000000000	Change Addition
NAME			5.2 NAM		2000025409 -05/29/9801036-	952
STREET ADDRESS				EET ADDRESS	***150.00	·U17
CITY-ST-ZIP				-ST-ZIP	1001 OU	
TITLE		DELETE	6.1 TITL			Change (ddijion
NAME			6.2 NAM	ıε İ		
STREET ADDRESS			6 3 STR	EET ADORESS		$\sim \sim$
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		- NV
14 Lherahy	certify that the information supplied w	th this filing does not qualify	for the ever	notion stated in	Section 119.07(3)(i), Florida Statutes. I further	r 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 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.						