**FILED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Aug 12 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P96000084860 (1) FLORIDA GULF COAST SERVICES, INC. Principal Place of Business Mailing Address 2015 A. ELSA STREET 2015 A. ELSA STREET NAPLES FL 34109 NAPLES FL 34109 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 5780 Taylor Rd Suite Apt. #, etc. 26 5780 Taylor Rd. Not Applicable 59-3405405 Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Naples 28 Naples , FL Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 34109 34109 Collie 25 Collier 29 Personal Property Tax due June 30. \_\_\_\_ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DEL DUO'AL ANTHONY Same 2015 A. BLSA STREET Street Address (P.O. Box Number NAPLES FL 34109 83 Zio Code Pursuant to the provisions of s Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in 607.0505, Florida Statutes. Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE NAME **DEL DUCA, ANTHONY** 1.2 NAME 5780TAylor Rol, Suite 1 STREET ADDRESS 2015 A. ELSA STREET 13 STREET ADDRESS Naples FL. 34109 CITY-ST-ZIP NAPLES FL 34109 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE \_\_\_ DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change 30000261**79**73 NAME 6.2 NAME **-08/17/98--**01087--**0**30 STREET ADDRESS 6.3 STREET ADDRESS

OURID

CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filing defindicated on this annual report or supplemental annual report or supplemental annual report of the corporation or the receiver of the in Block 12 or Block 13 if changed, or on an attachment with

\*\*\*150.00

Not qualify to the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am provided by Chapter 607, Florida Statutes; and that my name appears



July 24, 1998

Division of Corporation P.O. Box 6327 Tallahassee, FL. 32314

Subject: Florida Gulf Coast Services

Ref.#: P96000084860

To whom it may concern:

Our first notice for the annual report was sent to our previous address and not forwarded to our new address; see changes on report. We did receive the second notice to which we responded to immediately. I called the Division of Corporations and explained what happened and was told to sent a note of explanation in with the report with a check for \$150.00.

Please consider our situation as sincere, and waive the penalties incurred. If there are any questions I will be available Monday through Friday, from 7:00 a.m. to 4:00 p.m..

Respectfully,

Carol a. Austin

Carol A. Austin
Office Administrator