

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90001 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015667

1. Corporation Name

GULF COAST TELECOM, INC.

Principal Place of Business

190 112TH AVENUE NORTH, #105
ST. PETERSBURG FL 33716

Mailing Address

190 112TH AVENUE NORTH, #105
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

59-3429406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 8430 7TH STREET N.
Suite, Apt. #, etc.

22 ST. PETERSBURG, FL.

23 33702 U.S.A.
City & State
Zip Country

24

2a. Mailing Address

26 8430 7TH STREET N.
Suite, Apt. #, etc.

27 ST. PETERSBURG, FL.

28 33702 U.S.A.
City & State
Zip Country

29 30

9. Name and Address of Current Registered Agent

PETERWORTH, ANTHONY F JR
190 112TH AVENUE NORTH, #105
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name ANTHONY F. PETERWORTH, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
84 8430 7TH STREET N.
83 ST. PETERSBURG, FLORIDA
84 City ST. PETERSBURG FL 85 Zip Code 33702

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	PETERWORTH, ANTHONY F JR	190 112TH AVENUE NORTH, #105	ST. PETERSBURG FL 33716	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	ANTHONY F. PETERWORTH, JR.	8430 7TH STREET N.	ST. PETERSBURG, FL. 33702	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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 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, with all other like empowered.

SIGNATURE: ANTHONY F. PETERWORTH, JR. 4/24/99 (727)

CR2E034 (11/98)