

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000022241 (8)
 1. Corporation Name
GULF MNT, INC.



DO NOT WRITE IN THIS SPACE

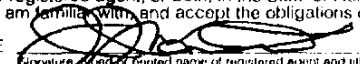
Principal Place of Business 2421 NW 41ST STREET SUITE A-2 GAINESVILLE FL 32606	Mailing Address 2421 NW 41ST STREET SUITE A-2 GAINESVILLE FL 32606
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3. Date Incorporated or Qualified 03/11/1997	4. FEI Number 59-3432404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation ^(has not) has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO BOX 12822
22 City & State	27 GAINESVILLE FL
23 Zip Country	28 32604 USA

9. Name and Address of Current Registered Agent HAYTER, JOHN F 704 NORTHEAST 1ST STREET GAINESVILLE FL 32601	10. Name and Address of New Registered Agent
	81 Name JOHN J. MARTIN
	82 Street Address (P.O. Box Number is Not Acceptable) 2421 NW 41ST ST STE A-2
	83
	84 City GAINESVILLE FL 85 Zip Code 32606

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  **JJ MARTIN VP** DATE **4/23/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD MAYER, JERRY	<input checked="" type="checkbox"/>
NAME	2421 NW 41 STREET, STE A-2 GAINESVILLE FL 32606	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD WEAVER, LEROY	<input type="checkbox"/>
NAME	2421 NW 41 STREET, STE A-2 GAINESVILLE FL 32606	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD MARTIN, JOHN J	<input type="checkbox"/>
NAME	2421 NW 41 STREET, STE A-2 GAINESVILLE FL 32606	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE:  DATE: **4/29/98** **352-371-3106**

CF2E034 (10/97)