

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

FILED
May 20 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 # P97000059264 (6)

1. Corporation Name

GULF ATLANTIC HOLDING COMPANY



Principal Place of Business
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308

Mailing Address
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1997	
21 1545 Raymond Diehl Rd.	26 P.O. Box 12200			4. FEI Number 59-3508690	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
22 3rd Floor	27			5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Tallahassee, FL	28 Tallahassee, FL			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24 32308	25	29 32317-2200	30		

9. Name and Address of Current Registered Agent

MATLOCK, GEORGE C
1545 RAYMOND DIEHL ROAD
3RD FLOOR
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name	Matlock, George V
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P XX Change Addition
NAME	JACOBS, JOSEPH W	1.2 NAME	
STREET ADDRESS	1522 BELLEAU WOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	C XX Change Addition
NAME	NEER, HOWARD L DO	2.2 NAME	
STREET ADDRESS	8840 S.W. 8TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S XX Change Addition
NAME	BARKER, JAMES H	3.2 NAME	
STREET ADDRESS	13312 GOLF CREST CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, MARCELINO DO	4.2 NAME	
STREET ADDRESS	1426 HALE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T XX Change Addition
NAME	MCDEVITT, FRANK DO	5.2 NAME	
STREET ADDRESS	39475 CHAMPION COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHVILLE MI 48187	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Joseph W. Jacobs 4/22/98

950 386 1115

CR2E034 (10/97)