

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

FILED  
May 21 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 # P97000076380 (9)

1. Corporation Name

GULF ATLANTIC OFFSHORE, INC.

Principal Place of Business

945 MARTINIQUE DR.  
MERRITT ISLAND FL 32953

Mailing Address

945 MARTINIQUE DR.  
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 960 MULLET DRIVE

Suite, Apt. #, etc.

22 City & State

23 PORT CANAVERAL, FL

Zip

24 32920

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

59-3465595

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERRY, STEPHEN D  
945 MARTINIQUE DR.  
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name John B. Cooke

82 Street Address (P.O. Box Number is Not Acceptable)

960 MULLET DRIVE

83

84

PORT CANAVERAL FL

85 Zip Code

32920

11. Pursuant to the provisions of Sections 607.012 and 607.1505, 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

*John Cooke*

JOHN COOKE

(NOTE: Registered Agent signature required when reinstating)

DATE April 30, 1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME PERRY, STEPHEN D  
STREET ADDRESS 2245 VERMONT ST.  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE ☐ DELETE

D  
NAME COOKE, JOHN B  
STREET ADDRESS 945 MARTINIQUE DR.  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DIRECTOR  
COOKE, JOHN B.  
95 FLORIDA BLVD.  
MERRITT ISLAND, FL 32953

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*John Cooke*

JOHN COOKE

DATE April 30, 1998

CR2E034 (10/97)