

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90018 043 ***550.00

DOCUMENT # P97000080640

1. Corporation Name

GULF COAST INVESTIGATIVE GROUP, INC.



Principal Place of Business

**13618 NORTH FLORIDA AVENUE #102
TAMPA FL 33613**

Mailing Address

**POST OFFICE BOX 273795
TAMPA FL 33688**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

2. Principal Place of Business

**1173 NE CLEVELAND ST
HO FL 33549**

2a. Mailing Address

PO BOX 273795

4. FEI Number

59-3470302

Applied For

Not Applicable

Suite, Apt. #, etc.

CLEARWATER FL 33755

Suite, Apt. #, etc.

TAMPA FL

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

HO FL

City & State

TAMPA FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

33549

Country

USA

Zip

33688

Country

USA

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**OCHIPINTI, LEE F
13618 NORTH FLORIDA AVENUE #102
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name: TIMOTHY DUGGAN
82 Street Address (P.O. Box Number is Not Acceptable):
~~1173 NE CLEVELAND ST~~
83 ~~HO FL 33549~~
1173 NE CLEVELAND ST
CLEARWATER FL 33755
84 City: TAMPA **85 Zip Code: 33549**

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

Timothy Duggan

TIMOTHY DUGGAN PRESIDENT 7-19-99

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: P ☒ DELETE
NAME: OCHIPINTI, LEE F
STREET ADDRESS: 8903 WING TIP COURT
CITY-ST-ZIP: TAMPA FL 33634

TITLE: V ☐ DELETE
NAME: DUGGAN, TIMOTHY P
STREET ADDRESS: 13618 NORTH FLORIDA AVENUE #102
CITY-ST-ZIP: TAMPA FL 33613

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: **~~HO FL 33549~~**
2.4 CITY-ST-ZIP: **~~HO FL 33549~~**

3.1 TITLE: ☒ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS: **1173 NE CLEVELAND ST**
3.4 CITY-ST-ZIP: **CLEARWATER FL 33755**

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 as changed, or by an attachment with an address.

SIGNATURE:

Timothy Duggan

7-19-99

813-265-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0112684