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

PROFIT
CORPORATION
ANNUAL REPORT
1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082064 (1)

GULF COAST GOLD, INC.

Principal Place of Business	Mailing Address
443 N.W. 30TH AVENUE GAINESVILLE FL 32808	443 N.W. 30TH AVENUE GAINESVILLE FL 32809

FILED
May 08 1998 8:00am
Secretary of State

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443 N.W. 30TH AVENUE GAINESVILLE FL 32809 443 N.W. 30TH AVENUE GAINESVILLE FL 32809					DO NOT WRITE IN THIS S	PACE				
						3. Date Incorporated or Qualified 09/23/1997				
2. Principal Pi	lace of Business	20. Mailing Address				4. FEI Number	A	oplied For		
21		26				59-3468050	\$9-3468050 Not Applicab			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	<u></u>			6. Election Campaign Financing \$5.00 May Be				
23		28	28			Trust Fund Contribution				
Zip	Country	Zip	Zip Coul			8. This corporation owes or has paid the current year Intangible				
24	[25]	29	1001			Personal Property Tax due June 30, Yes No				
	9. Name and Address of Curr	ent Registered Agent		81	10. Name and Address of New Registered Agent Name					
	LLIAMS, NATALIE G		\	۱,۵	Mame					
443 N.W. 30TH AVENUE Gainesville Fl 32609			Ī	62	2 Street Address (P.O. Box Number is Not Acceptable)					
			ſ	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 a	gent and title if applicable (NO	TE Registered	Agen	t signature re	quired when reinstaling) DATE				
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12		
TITLE	D	DELETE	1.1 187	LE			Change	Addition		
NAME	Crowe, Cindy \$		1.2 NA	ME	1					
STREET ADDRESS 15551 IONA LAKES DRIVE		1.3 \$10	1.3 STREET ADDRESS				1			
CITY-ST-ZIP	FT MYERS FL 33908		1.4 CIT	Y-51	- ZIP					
TITLE	Vice Arsiant	DELETE	2.1 TIT	LE			Change	Addition		
NAME			2.2 NA	ME	}]		
			2.3 ST	ŒET A	ADDRESS			1		
CITY-ST-ZIP			2. 4 Cr	IY-SI	r-ZIP					
TITLE	•	DELETE	3 1 TIT	LE	}		Change	Addition		
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STREET ADDRESS			4.3 ST	REET A	address			j		
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CITY-ST-ZIP			5.4 CIT		- ZIP					
TITLE		☐ DELETE	6.1 TiT				Change	Addition		
NAME			6.2 NA	ME	- 1			ĺ		
STREET ADDRESS					ADDRESS)		
CITY-ST-ZIP			6.4 CH							
14. I hereby o	certify that the information supplied	with this filing does not qualify	for the exe	mpti	on stated	in Section 119.07(3)(i), Florida Statutes. I further cer	tiry that the	e 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