


FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90106 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000004706					
1. Corporation Name GULFCOM, INC.					
Principal Place of Business ONE PROGRESS PLAZA, SUITE 1210 BARNETT TOWER ST. PETERSBURG FL 33701			Mailing Address ONE PROGRESS PLAZA, SUITE 1210 BARNETT TOWER ST. PETERSBURG FL 33701		
2. Principal Place of Business 21 4905 34th Street S. Suite, Apt. #, etc. 22 #145 City & State 23 St. Petersburg, FL Zip Country 24 33711 25 USA		2a. Mailing Address 26 4905 34th Street S. Suite, Apt. #, etc. 27 #145 City & State 28 St. Petersburg, FL Zip Country 29 33711 30 USA		3. Date Incorporated or Qualified 01/15/1998	
		4. FEI Number 59-3486399		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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GROSS, ALAN M 1605 PASS-A-GRIFFIN WAY ST. PETERSBURG FL 33700			10. Name and Address of New Registered Agent 81 Name Gross, Alan M. 82 Street Address (P.O. Box Number is Not Acceptable) One Progress Plaza, Suite 1210 Barnett Tower 83 City St. Petersburg, FL 85 Zip Code 33701		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME LITTLEFIELD, MICHAEL A STREET ADDRESS 4905 34TH STREET SOUTH, #145 CITY-ST-ZIP ST. PETERSBURG FL 33711			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D/P/S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Littlefield, Michael A. 1.3 STREET ADDRESS 4905 34th Street S., #145 1.4 CITY-ST-ZIP St. Petersburg, FL 33711		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Michael A. Littlefield PRESIDENT 4/12/99 727-368-0085
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)