

04161999-90106-047-\$150.00-\$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
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2. Principal Place of Business 21 4905 34th Street S. Suite, Apt. #, etc. 22 #145 City & State 23 St. Petersburg, FL Zip County 24 33711 25 USA	2a. Mailing Address 26 4905 34th Street S. Suite, Apt. #, etc. 27 #145 City & State 28 St. Petersburg, FL Zip County 29 33711 30 USA	4. FEI Number 59-3486399 Applied For 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
7. 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-GRILLE WAY #11 ST-PETERSBURG FL 33700-		81 Name Gross, Alan M.
		82 Street Address (P.O. Box Number is Not Acceptable) One Progress Plaza, Suite 1210
		83 Barnett Tower
		84 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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE LITTLEFIELD, MICHAEL A 4905 34TH STREET SOUTH, #145 ST-PETERSBURG FL 33711	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 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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 #