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

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P98000072800

GULF COAST BEACH SERVICE, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90032 006 ***150.00



Principal Place of	of Business	Mailing Address						
607 HIGHWAY 98	EAST	607 HIGHWAY 98 EAST						
DESTIN FL 32541		DESTIN FL 32541	DESTIN FL 32541			NOT WRITE IN THIS	SPACE	
							SPACE	
					3. Date incorporated or 08/19/1998	Qualifed		
		10-11-7-11			4. FEI Number		يبدآ . ا	plied For
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			t Applicable
21		26					\$8.75	
. Suite, Apt. #,	etc.	Suite, Apt. #, etc.		~	5. Certifcate of Status I	Desired	- → Fee Re	
22		City & State		<u>-</u>	6 Floring Committee		\$5.00	·
City & State					6. Election Campaign F Trust Fund Contribut	-	Added t	
23 Zin	Country	28 Zip	Col	intry	8. This corporation owe			.01000
Zip			30	211tu y	Personal Property Ta	-	Yes	□No
24	9. Name and Address of Curren	t Registered Agent	30	1	10. Name and Address			
	9. Name and Address of Curren	t vedistalen våent		81 Na		Of Hell (togletoide		
MATTHEWS, DANA C								
607 HIGHWAY 98 EAST				82 Str	eet Address (P.O. Box Number is N	ot Acceptable)		
DESTIN FL 32541				83				
520111								
				84 Cit	/		85 Zip (Code
	1981			<u> </u>	ned corporation submits this statement	<u>FL</u>		
office or reg agent. I am	istered agent, or both, in the State familiar with, and accept the obliga	of Florida. Such change wa	as authorize	d by the c	orporation's board of directors. I her	eby accept the appoi	ntment as re	gistered
SIGNATURE	gnature, typed or printed name of registered ager	it and title if applicable. (F	NOTE: Registered	Agent signa	ture required when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AN		
TITLE	PRESIDENT JOHND. WALL 144-SOUTH S DESTIN, FL	☐ DELETE	1.1 ∏	MLE.			Change	☐ Addition
NAME	-SOHUD, WALL	ACE TR	1.2 N	AME .				
STREET ADDRESS	JULY SOUTH A	HoreDR	1.3 Ş	TREET ADDR	ESS			
CITY-ST-ZIP	DOSTIW FL	32541	1.4 C	ITY-ST-ZIP				
TITLE		☐ DELETE	2.1 T	TLE			☐ Change	Addition
NAME			2.2 N	AME				
STREET ADDRESS			2.3 S	TREET ADDR	ESS			
CITY-ST-ZIP	-			XY-ST-ZIP				
TITLE		☐ DELETE					Change	Addition
NAME			3.2 N	AME				
			1	TREET ADDR	FSS			
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE		-			Change	☐ Addition
TITLE				VAME ,	·		_ •	_
NAME				-	cee			
STREET ADDRESS				TREET ADDR	E-30			
CITY-ST-ZIP		☐ DELETE		ITY-ST-ZIP			Change	☐ Addition
TITLE				itle Iame				
NAME					Egg			
STREET ADDRESS '				TREET ADDR	E393		_	
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DELETE					☐ Change	☐ Addition
NAME			6.2 N	IAME				
STREET ADDRESS 1	A S CANCEL		6.3 \$	TREET ADDR	ESS			
OFF OF 710	The second second		6.4 0	ITY-ST-ZIP	1			

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: