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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000081390**

1. Corporation Name **Gulf Coast Pride, Inc**

APPROVED
AND
FILED

99 JUN -4 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**675 West Gadsden St.
Pensacola, FL 32501**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

**William P. Lynch
675 West Gadsden
Pensacola, FL 32501**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 **William P. Lynch**

04/Jun/99

12 OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☒ DELETE

NAME **RONALD W. SWIGER**

STREET ADDRESS **675 West Gadsden**

CITY-STATE-ZIP **Pensacola, FL 32501**

TITLE **Sec** ☒ DELETE

NAME **Ronald Wayne Swiger**

STREET ADDRESS **675 W Gadsden**

CITY-STATE-ZIP **Pensacola, FL 32501**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13 ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PRESIDENT** ☐ Change ☒ Addition

12 NAME **William P. Lynch**

13 STREET ADDRESS **675 West Gadsden**

14 CITY-STATE-ZIP **Pensacola, FL 32501**

15 TITLE **Sec** ☐ Change ☒ Addition

16 NAME **William P. Lynch**

17 STREET ADDRESS **675 West Gadsden**

18 CITY-STATE-ZIP **Pensacola, FL 32501**

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY-STATE-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: **William P. Lynch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/Jun/99

433-1443

CR2E034 (11/98)