


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S41192 (3)			
1. Corporation Name GULF COAST MARKETING SERVICES, INC.			
Principal Place of Business 2451 MCMULLEN BOOTH 305 CLEARWATER FL 34619 US		Mailing Address P O BOX 14123 2451 MCMULLEN BOOTH STE 305 CLEARWATER FL 34619 US	
2. Principal Place of Business 21 2753 Countryside Bl Suite, Apt. #, etc. 22 108 City & State 23 Clearwater FL Zip 24 33761		2a. Mailing Address 26 P.O. Box 16362 Suite, Apt. #, etc. 27 City & State 28 Clearwater FL Zip 29 33766	
Country 25 Pinellas		Country 30 Pinellas	
9. Name and Address of Current Registered Agent GARY R. WEAVER 2451 MCMULLEN BOOTH RD, SUITE 305 STE 287 CLEARWATER FL 34619			
10. Name and Address of New Registered Agent 81 Name GARY R. WEAVER 82 Street Address (P.O. Box Number is Not Acceptable) 2753 Countryside Blvd #108 83 84 City Clearwater FL 85 Zip Code 33761			
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 GARY R. WEAVER DATE 7/20/98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEAVER, GARY R. 2451 MCMULLEN BOOTH ROAD STE 305 CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P.O. Box 16362 N/A Clearwater FL 33766-6362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEAVER, CAROL S. 2451 MCMULLEN BOOTH ROAD, STE 305 CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1991	
4. FEI Number 59-3071986	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 changes or on an attachment with an address.

SIGNATURE: **GARY R. WEAVER**

7/20/98 5:13 PM - 1008

CR2E034 (5/98)