

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90247 048 ***150.00

DOCUMENT # S60664

1. Corporation Name
FIRST GULFCOAST INVESTMENTS, INC.



Principal Place of Business
101 W. VENICE AVE., STE. #8
VENICE FL 34285

Mailing Address
101 W. VENICE AVE., STE. #8
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1991

2. Principal Place of Business

21 403 MT. VERNON DR.

2a. Mailing Address

26 P.O. Box 3209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 VENICE, FL

27 City & State

28 VENICE, FL

Zip

24 34293

Country

25 USA

Zip

29 34293

Country

30 USA

4. FEI Number

59-3071078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

FULLER, KENNETH S.
101 W. VENICE AVE., STE. #8
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

FULLER, BETTY A.

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

83 403 MT. VERNON DRIVE

84 City

VENICE

FL

85 Zip Code
34293

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 BETTY A. FULLER, VICE PRES.

Betty A. Fuller

APRIL 20, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME FULLER, KENNETH S
STREET ADDRESS 403 MT. VERNON DRIVE
CITY-ST-ZIP VENICE FL

TITLE VSD ☐ DELETE
NAME FULLER, BETTY A
STREET ADDRESS 403 MT. VERNON DRIVE
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME DAY, KAREN J.
1.3 STREET ADDRESS 12925 SE GENEVA WAY
1.4 CITY-ST-ZIP PORTLAND, OR 97236

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Betty A. Fuller, VICE PRES.

4/20/99

941-488-8841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0480110