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Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V11212 (0)  
1. Corporation Name  
GULF COAST NOTICE SERVICES, INC.



Principal Place of Business: 4030 HENDERSON BLVD, SUITE 300, TAMPA FL 33629, US  
Mailing Address: P O BOX 21798, SUITE 300, TAMPA FL 33622-1798, US

3. Date Incorporated or Qualified: 01/31/1992  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-3114158  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 5521 W. Cypress ST  
22 Cypress Bldg II  
23 Tampa FL 33607  
24 33607 Hillsborough  
2a. Mailing Address  
26 PO Box 21798  
27 Suite, Apt. #, etc.  
28 Tampa FL  
29 33622 Hillsborough

9. Name and Address of Current Registered Agent  
VIBBERT, GEORGE  
4030 HENDERSON BLVD.  
TAMPA FL 33629

10. Name and Address of New Registered Agent  
81 Name: George S. VIBBERT  
82 Street Address (P.O. Box Number is Not Acceptable): 5521 W. CYPRESS STREET  
83 CYPRESS BLDG II  
84 City: TAMPA FL 85 Zip Code: 33607

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VIBBERT, GEORGE S.	
STREET ADDRESS	4030 HENDERSON BLVD	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VIBBERT, VIRGINIA	
STREET ADDRESS	4030 HENDERSON BLVD	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5521 W. CYPRESS ST
1.4 CITY - ST - ZIP	TAMPA FL 33607
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5521 W. CYPRESS ST
2.4 CITY - ST - ZIP	TAMPA FL 33607
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: George S. Vibbert 4/21/97 Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)