FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V18556 (3)

1. Corporation Name
GULF COAST INVESTMENT GROUP, INC.

Principal Place of Business
~~4000 E. HWY 98~~
UNIT #10
DESTIN FL 32541

Mailing Address
~~4000 E. HWY 98~~
~~UNIT #10~~
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-3109954 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 2075 OLD HIGHWAY 98
22 Suite, Apt #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 POST OFFICE BOX 6220
27 Suite, Apt #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
CIMMINO, PETER R.
~~4000 E. HWY 98~~
UNIT #10
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2075 OLD HIGHWAY 98
83
84 City FL 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	☒ Change ☐ Addition
NAME	CIMMINO, PETER R	12 NAME	
STREET ADDRESS	~~4000 E HWY 98, #10~~	13 STREET ADDRESS	2075 OLD HWY 98, #10
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	~~RAY, JOYCE LYNN~~	22 NAME	CIMMINO, JOYCE RAY
STREET ADDRESS	~~500 SOUTH SHORE DRIVE~~	23 STREET ADDRESS	2075 OLD HWY 98, #10
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	
TITLE	~~SD~~	31 TITLE	☒ Change ☐ Addition
NAME	~~BISHOP, JEANNETTE MARI~~	32 NAME	
STREET ADDRESS	~~1127 BRIDLEWOOD PATH~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~FT WALTON BCH FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] 1/11/95 904-837-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0387768 CP