FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K07672** **(4)**

1. Corporation Name

FISHER/GULF COAST, INC.

Principal Place of Business	Mailing Address
453 VAN PELT LANE PENSACOLA FL 32505	3100 HILTON ST JACKSONVILLE FL 32203

3. Date Incorporated or Qualified: **12/17/1987**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business: 21 PENSACOLA, FL 32505
22 Suite, Apt. #, etc.: 9 CLARINDA LANE
23 City & State: PENSACOLA, FLORIDA
24 Zip: 32505 25 Country: USA

2a. Mailing Address: 26 FOREST PARK, GA 30050
27 Suite, Apt. #, etc.: P.O. Box 1565
28 City & State: FOREST PARK, GEORGIA
29 Zip: 30050 30 Country: USA

4. FEI Number: **59-2541118** ☐ 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

9. Name and Address of Current Registered Agent

MAURER, LARRY
3100 HILTON STREET
JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	MOVSOVITA, LAWRENCE		1.2 NAME	Mitt Parker	
STREET ADDRESS	3100 HILTON STREET		1.3 STREET ADDRESS	16 Forest Parkway, Bldg. H	
CITY-ST-ZIP	JACKSONVILLE FL 32203		1.4 CITY-ST-ZIP	Forest Park, GA 30050	
TITLE	ST	☒ DELETE	2.1 TITLE	ST	☐ Change ☒ Addition
NAME	MAURER,LARRY		2.2 NAME	John Alpers	
STREET ADDRESS	3100 HILTON STREET		2.3 STREET ADDRESS	16 Forest Parkway, Bldg H	
CITY-ST-ZIP	JACKSONVILLE FL 32203		2.4 CITY-ST-ZIP	Forest Park, GA 30050	
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRAK,BERNADETTE M.		3.2 NAME		
STREET ADDRESS	15303 DALLAS PARKWAY, #1250		3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75248		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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(3)(k), 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: Bernadette M Kruk Bernadette M Kruk 3/1/96 214-687-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #