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May 12 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 # **K07672** **(4)**

1. Corporation Name
FISHER/GULF COAST, INC.

Principal Place of Business	Mailing Address
9 CLARINDA LANE PENSACOLA FL 32505 US	P.O. BOX 1565 FOREST PARK GA 30051-1565 US

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 03/15/1996

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

2. Principal Place of Business	2a. Mailing Address
21 15303 DALLAS Parkway	26 15303 DALLAS Parkway
Suite, Apt. #, etc. 22 1250	Suite, Apt. #, etc. 27 1250
City & State 23 DALLAS, TX	City & State 28 DALLAS, TX
Zip 24 75248 Country 25 USA	Zip 29 75248 Country 30 USA

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PARKER, MITT		1.2 NAME	ERIC C. KLASSON	
STREET ADDRESS	16 FOREST PARKWAY, BLDG. H		1.3 STREET ADDRESS	15303 DALLAS Parkway #1250	
CITY-ST-ZIP	FOREST PARK GA		1.4 CITY-ST-ZIP	DALLAS, TX 75248	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALPERS, JOHN		2.2 NAME	TODD V. ERICKSON	
STREET ADDRESS	16 FOREST PARKWAY, BLDG H		2.3 STREET ADDRESS	15303 DALLAS PARKWAY #1250	
CITY-ST-ZIP	FOREST PARK GA		2.4 CITY-ST-ZIP	DALLAS, TX 75248	
TITLE	AS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KRAK,BERNADETTE M.		3.2 NAME	VACANT	
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 (9/96)

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: Todd V. Erickson 4/30/97 972 687-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011369