SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION. Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000046567 (0) **DOCUMENT #** GULF COAST CONSULTING, INC. Mailing Address Principal Place of Business 8706 COBBLESTONE DR. 8706 COBBLESTONE DR. TAMPA FL 33615 TAMPA FL 33615 3a. Date of Last Report 3. Date Incorporated or Qualified 06/08/1995 Applied For FEI Number 2. Principal Place of Business 2a. Mailing Address 9-332 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 tax under s. 199 032, 8. This corporation has hability for intangible tax un Florida Statutes Types X No Country Zio Zip Country Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MALLER, BARBARA J 8706 COBBLESTONE DR. **B2** Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. CHIEF EXECUTIVE OFFICER Change DELETE 1 1 TITLE TITLE DEBORAH O. HARRINGTON **32E034** HARRINGTON, JAMES J JR. 1.2 NAME NAME 8706 COBBLESTONE DR 8708 COBBLESTONE DR. 1.3 STREET ADDRESS STREET ADDRESS TAMINA FC 33615 TAMPA FL 33615 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE

22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP City-St-ZiP Change Addition DELETE 31 TITLE TITLE 3 2 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP 50000193088999 Addition -08/23/96--01067--008 DELETE 6 1 TITLE TITLE 6.2 NAME NAME \*\*\*375.00 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 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(3)(k). Fiorida 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 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 617, Florida Statutes I that my name appears in Block 12 or Brock 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

8/16/96

349-100 0149-100