

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 MAY -1 PH 12: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 467736 (5)**

1. Corporation Name

**GULF COMMUNICATIONS & ELECTRONICS, INC.**

Principal Place of Business

Mailing Address

2172 TENTH STREET  
SARASOTA FL 34237-3412

2172 TENTH STREET  
SARASOTA FL 34237-3412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/15/1975	04/26/1994
22		27		4. FEI Number	Applied For
23		28		59-1617381	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
26		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
28		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOFF, LUTHER A 847 HUDSON AVENUE SARASOTA FLORIDA 34237				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, JAMES E	1.2 NAME	100001521391
STREET ADDRESS	847 HUDSON AVE	1.3 STREET ADDRESS	-06/23/95--01011--002
CITY ST ZIP	SARASOTA, FL 33577	1.4 CITY ST ZIP	****200.00 ****200.00
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, KENNETH C	2.2 NAME	
STREET ADDRESS	847 HUDSON AVE	2.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA, FL 33577	2.4 CITY ST ZIP	
TITLE	DTP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, LUTHER A	3.2 NAME	
STREET ADDRESS	847 HUDSON AVE	3.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA, FL 00000	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, AMBROSIA M	4.2 NAME	
STREET ADDRESS	847 HUDSON AVE	4.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA, FL 00000	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director) DATE: 5-19-95 TIME: 8:13-9057/106