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Apr 22 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 # P95000009769 (7)

1. Corporation Name
GULF SHORE CREDIT CORP.



Principal Place of Business
2110 NORTH TAMiami TRAIL
NOKOMIS FL 34275

Mailing Address
2110 NORTH TAMiami TRAIL
NOKOMIS FL 34275-1400

3. Date Incorporated or Qualified
01/31/1995
3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0561862
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

10. Name and Address of New Registered Agent

GERZENY, RUBEN
2110 NORTH TAMiami TRAIL
NOKOMIS FL 34275

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME GERZENY, RUBEN
STREET ADDRESS 224 KEEL WAY
CITY - ST - ZIP OSPREY FL 34229

11 TITLE ☐ Charge ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE
NAME GERZENY, BEVERLY
STREET ADDRESS 224 KEEL WAY
CITY - ST - ZIP OSPREY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME GERZENY, STEVEN
STREET ADDRESS 2110 N. TAMiami TRAIL
CITY - ST - ZIP NOKOMIS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME DAVIDSON, EDDIE
STREET ADDRESS 2110 N. TAMiami TRAIL
CITY - ST - ZIP NOKOMIS FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DS
4.3 STREET ADDRESS Davidson, Eddie
4.4 CITY - ST - ZIP 2110 N. Tamiami Tr, Nokomis FL

TITLE ☐ DELETE
NAME GERZENY, DAVID
STREET ADDRESS 2110 N. TAMiami TRAIL
CITY - ST - ZIP NOKOMIS FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME DT
5.3 STREET ADDRESS Gerzeny, David
5.4 CITY - ST - ZIP 2110 N. Tamiami Tr, Nokomis, FL

TITLE ☒ DELETE
NAME SWAIN, NANCY TURNER
STREET ADDRESS 2110 N. TAMiami TRAIL
CITY - ST - ZIP NOKOMIS FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME DV
6.3 STREET ADDRESS Gerzeny, Matthew
6.4 CITY - ST - ZIP 2110 N. Tamiami Tr, Nokomis, FL

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)