SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (0) GULF-SHAMROCK, INC. Principal Place of Business Mailing Address 204 S. JACKSON ROAD 204 HILLS RD NOKOMIS FL 34275 P.O. BOX 637 DO NOT WRITE IN THIS SPACE VENICE FL 34284 3a. Date of Last Report 3. Date Incorporated or Qualified 06/23/1960 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address CIRCLA 21 4281 WINNKRS CIRCLIL 26 4581 WIMMKRS Not Applicable 59-0903983 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired APT APT Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be KC A メレカ 23 SAR A SO 74 28 *3A 4A 5*074 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Zio Country 34238 24 34238 USA 🔀 Yes USA Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HILL, JOHN P. ///
Street Address (P.O. Box Number is Not Acceptable) HILL, JOHN P. III 204 HILLS ROAD YZ81 WIMMKRS CIRCL **NOKOMIS FL 34275** 712 85 Zip Code City SARASOTA 34538 Pursuant to the provisions of Sections 607.0502 and 607.1608. 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. 11. Pursuant to the provisions of Sections 607.0502 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OF ICERS AND DIRECTORS 12. 13. Change Addition DELETE PRKS TITLE 1.1 TITL€ HILL, WANN P. 111 1.2 NAME NAME HILL, JOHN P, III 204 HILLS RD 1.3 STREET ADDRESS STREET ADDRESS NOKOMIS, FL 00000 14 CITY-ST-ZIP CITY-ST-7IP X DELETE Addition 21 TOLE TITLE LONH P. 111 22 NAME NAME BROWN, JAMES R. WIMMKAS 421 2.3 STREET ADDRESS STREET ADDRESS 5600 N.DIXIE HWY.,#2403 W.PALM BCH. FL 2.4 CITY - ST - ZIP CITY-ST-ZIP **Addition** DELETE 3.1 TITLE TITLE ST 3.2 NAME HILL, KATHERINE NAME 7 7/7 3.3 STREET ADDRESS 204 HILLS RD STREET ADORESS 3.4. CITY - ST - ZIP CITY-ST-ZIP <u>Nikomis fl</u> Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 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 rejiciver or trusted 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 address.

TUBEREQUIBED

CIGNATURE:

**FILED**