

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **331901** (9)

1. Corporation Name
GULF SOUTHERN INDUSTRIES INC



Principal Place of Business

**4331 BAY TO BAY BOULEVARD
P.O. BOX 18152
TAMPA FL 33679**

Mailing Address

**4331 BAY TO BAY BOULEVARD
P.O. BOX 18152
TAMPA FL 33679**

3. Date Incorporated or Qualified
06/28/1968

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROOT, HARRY H. JR.
4331 BAY TO BAY BOULEVARD
TAMPA FL 33609**

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

Harry Root Jr.
Signature (Typed or printed name of registered agent and this if applicable)

(NOTE: Registered Agent signature required when registering)

4-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROOT, HARRY H. JR.	
STREET ADDRESS	4141 BAYSHORE BLVD	
CITY- ST- ZIP	TAMPA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROOT, HARRY H. III	
STREET ADDRESS	564 LUZON AVENUE	
CITY- ST- ZIP	TAMPA, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROOT, THOMAS T.	
STREET ADDRESS	2813 SAN RAFAEL	
CITY- ST- ZIP	TAMPA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOWELL, JAMES F.	
STREET ADDRESS	921 LAURELWOOD LANE	
CITY- ST- ZIP	WESLEY CHAPEL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry Root Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

DATE

813-837-3468

TELEPHONE #

CR2E034 (12/95)