

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 331901**

1. Entity Name  
**GULF SOUTHERN INDUSTRIES INC**



Principal Place of Business

**2813 SAN RAFAEL  
P O BOX 18152  
TAMPA, FL 33679 US**

Mailing Address

**2813 SAN RAFAEL  
P O BOX 18152  
TAMPA, FL 33679 US**



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1281216</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROOT, THOMAS T  
2813 SAN RAFAEL  
TAMPA, FL 33629**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000911755  
05/07/08-80054-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ROOT, HARRY H. JR.
STREET ADDRESS	4141 BAYSHORE BLVD
CITY-ST-ZIP	TAMPA, FL 00000,

TITLE	SD
NAME	ROOT, HARRY H. III
STREET ADDRESS	564 LUZON AVENUE
CITY-ST-ZIP	TAMPA, FL 00000,

TITLE	CD
NAME	ROOT, THOMAS T.
STREET ADDRESS	2813 SAN RAFAEL
CITY-ST-ZIP	TAMPA, FL 00000,

TITLE	PD
NAME	YOWELL, JAMES F.
STREET ADDRESS	921 LAURELWOOD LANE
CITY-ST-ZIP	WESLEY CHAPEL, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas T. Root* 4/22/08 813-251-6025

Date

Daytime Phone