

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331901

FILED
Mar 09, 2009
Secretary of State

Entity Name: GULF SOUTHERN INDUSTRIES INC

Current Principal Place of Business:

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

New Principal Place of Business:

2813 SAN RAFAEL
TAMPA, FL 33679 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1281216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ROOT, HARRY H. JR.
Address: 4141 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 00000,

Title: SD () Delete
Name: ROOT, HARRY H. III
Address: 564 LUZON AVENUE
City-St-Zip: TAMPA, FL 00000,

Title: CD () Delete
Name: ROOT, THOMAS T.
Address: 2813 SAN RAFAEL
City-St-Zip: TAMPA, FL 00000,

Title: PD () Delete
Name: YOWELL, JAMES F.
Address: 921 LAURELWOOD LANE
City-St-Zip: WESLEY CHAPEL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS T ROOT

CD

03/09/2009

Electronic Signature of Signing Officer or Director

Date