

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 435976 (6)**  
1. Corporation Name  
**GULF COAST RENTAL, INC.**

**95 FEB -7 PM 3: 20**

Principal Place of Business Mailing Address  
990 3RD AVE NO NAPLES FL 33940 990 3RD AVE NO NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/13/1973</b>	3a. Date of Last Report <b>01/20/1994</b>
4. FEI Number <b>59-1485468</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**BENNETT, WILLIAM H.**  
~~3017 41ST TERR SW~~ **709 Courtside Dr.**  
**NAPLES FL 33999**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BENNETT, WILLIAM H.</b>
STREET ADDRESS	<del>3017 41ST TERR SW</del> <b>709 Courtside Dr</b>
CITY- ST- ZIP	<b>NAPLES FL 33999</b>
TITLE	<b>ID</b>
NAME	<b>BENNETT, PATRICIA A.</b>
STREET ADDRESS	<del>3017 41ST TERR SW</del> <b>709 Courtside Dr</b>
CITY- ST- ZIP	<b>NAPLES FL 33999</b>
TITLE	<b>V</b>
NAME	<b>BENNETT, WILLIAM H JR</b>
STREET ADDRESS	<b>3017 - 41ST TERR SW</b>
CITY- ST- ZIP	<b>NAPLES FL 33999</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 110.07(3)(b), 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: Patricia A. Bennett **2-3-95 8:13-262-6571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 13)