

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 # 466618 (6)

1. Corporation Name

GULF COAST PETROLEUM MAINTENANCE, INC.



Principal Place of Business

Mailing Address

15921 NORTH FLORIDA AVENUE
PO BOX 17531 (TAMPA FL. 33682)
LUTZ FL 33549

15921 NORTH FLORIDA AVENUE
PO BOX 17531 (TAMPA FL. 33682)
LUTZ FL 33549

3. Date Incorporated or Qualified

12/26/1974

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1564853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 GULF COAST PETROLEUM MAINT.

26 P.O. BOX 17531

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 15921 N. FLORIDA AVENUE

27

City & State

City & State

23 LUTZ, FL

28 TAMPA, FL

Zip

Country

Zip

Country

24 33549

25 U.S.

29 33682

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, CURTIS T.
15921 NORTH FLORIDA AVENUE
LUTZ FL 33549

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME SMITH, DOUGLAS E
STREET ADDRESS 415 CRENSHAW LAKE RD
CITY-ST-ZIP LUTZ FL

☐ DELETE

TITLE ST
NAME SMITH, MARGARET F
STREET ADDRESS 15921 N FLORIDA AVE
CITY-ST-ZIP LUTZ, FLORIDA 00000

☐ DELETE

TITLE D
NAME SMITH, CURTIS T
STREET ADDRESS 15921 N FLORIDA AVE
CITY-ST-ZIP LUTZ, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: Douglas E. Smith U.P. DOUGLAS E. SMITH

Date

Daytime Phone

4/24/96 813 961 8991

CR2E034 (12/95)