

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 # 535559 (9)

1. Corporation Name

GULF COAST DISTRIBUTORS, INC.

Principal Place of Business

22031 US 19 N.
CLEARWATER FL 34625
US

Mailing Address

22031 U.S. 19 N.
CLEARWATER FL 34625
US



3. Date Incorporated or Qualified

05/23/1977

3a. Date of Last Report

04/20/1995

4. FEI Number

59-1739528

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

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

LENOCE, GEORGE J
1520 GULF BLVD.
UNIT 608
CLEARWATER FL 33519

81 Name

GEORGE LENOCE, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

2087 D Edgewater Drive

84 City

Clearwater

FL

85 Zip Code

34615

11. Pursuant to the provisions of Sections 607.0802 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

GEORGE LENOCE, JR.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME LENOCE, GEORGE J
STREET ADDRESS 1520 GULF BLVD., UNIT 608
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE

☒ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

2087 D Edgewater Drive
Clw, FL 34615

TITLE ☐ DELETE

T
NAME LENOCE, LEE
STREET ADDRESS 5444 EL CERRO DR.
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE

☒ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

3222 Mulberry Drive
Clearwater, FL 34621

TITLE ☐ DELETE

V
NAME LENOCE, GEORGE III
STREET ADDRESS 2387 HAZELWOOD LANE
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

S
NAME BARRETT, LINDA
STREET ADDRESS 2420 SABER CT
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

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:

GEORGE LENOCE, JR.

4/12/96

1-813-744-0117

CR2E034 (12/95)