

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 691313 (1)  
1. Corporation Name  
GULFSTREAM ELECTRIC SERVICE, INCORPORATED



Principal Place of Business Mailing Address  
MILE MARKER 97 1/2  
PO BOX 914  
KEY LARGO FL 33037  
MILE MARKER 97 1/2  
PO BOX 914  
KEY LARGO FL 33037

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified 06/22/1981 3a. Date of Last Report 01/17/1995  
4. FEI Number 59-2117983 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCKARD, JOHN J.  
#3 CORRINE PLACE  
KEY LARGO FL 33037

81 Name JOHN J. BUCKARD  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 97300 OVERSEAS HIGHWAY  
84 City KEY LARGO FL 85 Zip Code 33037

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 John J. Buckard JOHN J. BUCKARD, PRESIDENT 4/11/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS  
TITLE PT BUCKARD, JOHN J. ☐ DELETE  
NAME BUCKARD, JOHN J. SEE 13  
STREET ADDRESS 3 CORRINE PLACE  
CITY-ST-ZIP KEY LARGO, FL 00000  
TITLE VS BUCKARD, LOIS A ☒ DELETE  
NAME BUCKARD, LOIS A SEE 13  
STREET ADDRESS 3 CORRINE PLACE  
CITY-ST-ZIP KEY LARGO, FL 00000  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PRESIDENT / TREAS. ☒ Change ☐ Addition  
1.2 NAME JOHN J. BUCKARD (NA)  
1.3 STREET ADDRESS PO Box 914  
1.4 CITY-ST-ZIP KEY LARGO FL 33037  
2.1 TITLE VS ☒ Change ☐ Addition  
2.2 NAME JOHN J. BUCKARD (NA)  
2.3 STREET ADDRESS PO Box 914  
2.4 CITY-ST-ZIP KEY LARGO FL 33037  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 900001835579  
4.1 TITLE -05/22/96--01117--011 ☐ Change ☐ Addition  
4.2 NAME \*\*\*200.00  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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 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: John J. Buckard - JOHN J. BUCKARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 305 451-3404

Date

Daytime Phone #

CR2E034 (12/95)