

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 735035 (8)

1. Corporation Name

GULFCOAST FABRICARE ASSOCIATION INC.



Principal Place of Business

Mailing Address

5318 QUEEN STREET, NORTH  
ST. PETERSBURG FL 33714-2736

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ST. PETERSBURG FL 33714-2736

3. Date Incorporated or Qualified  
02/23/1976

3a. Date of Last Report  
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

51-0201982

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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

LAWRENCE, LOUIS L  
5318 QUEEN STREET N  
ST. PETERSBURG FL

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

Signature, typed or printed name of new registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

BLAINE, MATT  
1506 54TH AVE N  
ST PETERSBURG FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VENTER, RON  
26936 US 19 HWY. 19N  
CLEARWATER FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

LAWRENCE, LOU  
5318 QUEEN STREET  
ST. PETERSBURG FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ARONLD, DAVE  
2116 US HWY. 41  
LUTZ FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PEDALINO, EMIL  
3700 CENTRAL AVENUE  
ST. PETERSBURG FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

V.P.  
Steve Terepka  
1590 McMullen Booth Rd.  
Clearwater, FL. 34619

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

NAME STREET ADDRESS CITY-STATE-ZIP

NAME STREET ADDRESS CITY-STATE-ZIP

NAME STREET ADDRESS CITY-STATE-ZIP

NAME STREET ADDRESS CITY-STATE-ZIP

NAME STREET ADDRESS CITY-STATE-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 199.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 - 813-327-3151

CR2E037 (12/95)