

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735035 (8)**

1. Corporation Name  
**GULFCOAST FABRICARE ASSOCIATION INC.**

Principal Place of Business <b>5318 QUEEN STREET, NORTH ST. PETERSBURG FL 33714-2736</b>	Mailing Address <b>5318 QUEEN STREET, NORTH ST. PETERSBURG FL 33714-2736</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/23/1976</b>	3a. Date of Last Report <b>03/07/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>51-0201982</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LAWRENCE, LOUIS L 5318 QUEEN STREET N ST. PETERSBURG FL</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<b>P/D</b>
NAME	<b>TEREPKA, STEVE</b>	1.2 NAME	<b>TEREPKA, STEVE</b>
STREET ADDRESS	<b>1590 MCMULLEN BOOTH ROAD</b>	1.3 STREET ADDRESS	<b>1590 MCMULLEN BOOTH ROAD</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	P	2.1 TITLE	<b>V/D</b>
NAME	<b>VENTER, RON</b>	2.2 NAME	<b>ARNOLD, DAVE</b>
STREET ADDRESS	<b>26936 US 19 HWY. 19N</b>	2.3 STREET ADDRESS	<b>2412 LAND O'LAKES BLVD</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>LAND O'LAKES FL</b>
TITLE	SD	3.1 TITLE	
NAME	<b>LAWRENCE, LOU</b>	3.2 NAME	
STREET ADDRESS	<b>5318 QUEEN STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<b>T/D</b>
NAME	<b>ARNOLD, DAVE</b>	4.2 NAME	<b>PEDALINO, EMIL</b>
STREET ADDRESS	<b>2116 US HWY. 41</b>	4.3 STREET ADDRESS	<b>3700 CENTRAL AVENUE</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	4.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL</b>
TITLE	D	5.1 TITLE	
NAME	<b>PEDALINO, EMIL</b>	5.2 NAME	
STREET ADDRESS	<b>3700 CENTRAL AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **SIGNATURE REQUIRED** *4/16/97-803-527-3151*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051069

CR2E037 (9/96)