

FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

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

3. Date Incorporated or Qualified

02/23/1976

4. FEI Number

51-0201982

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	TEREPKA, STEVE
STREET ADDRESS	1590 MCMULLEN BOOTH ROAD
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	VENTER, RON
STREET ADDRESS	26936 US 19 HWY. 19N
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LAWRENCE, LOU
STREET ADDRESS	5318 QUEEN STREET
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	AV <input type="checkbox"/> DELETE
NAME	ARONLD, DAVE
STREET ADDRESS	2116 US HWY. 41
CITY-ST-ZIP	LUTZ FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PEDALINO, EMIL
STREET ADDRESS	3700 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEITH McNAMARA
1.3 STREET ADDRESS	32642 US 19 N
1.4 CITY-ST-ZIP	PALM HARBOR, FL
2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JENA RUTHERFORD
2.3 STREET ADDRESS	4475 28th ST. N.
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Louis L. Lawrence** 2/14/98-613527-3151

CP2E037 (10/97)