

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 # F95000002266 (3)

1. Corporation Name

GULF SHORE COMMUNICATIONS, INC.



Principal Place of Business

2975 SOUTH HORSESHOE DR.
NAPLES FL 33942

Mailing Address

2975 SOUTH HORSESHOE DR.
NAPLES FL 33942

3. Date Incorporated or Qualified
05/09/1995

3a. Date of Last Report
5/9/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 150 Stratford Ave
27 Suite 210
28 Wayne PA 19087
29 19087 30 USA

4. FEI Number
13-3514257

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BACKE, JOHN D
STREET ADDRESS 2975 SOUTH HORSESHOE DR.
CITY-STATE-ZIP NAPLES FL 33942
TITLE SD ☐ DELETE
NAME BACKE, JOHN E
STREET ADDRESS 2975 SOUTH HORSESHOE DR.
CITY-STATE-ZIP NAPLES FL 33942
TITLE D ☐ DELETE
NAME CARROLL, EDWARD J
STREET ADDRESS 2975 SOUTH HORSESHOE DR.
CITY-STATE-ZIP NAPLES FL 33942
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1 1 TITLE PD ☒ Change ☐ Addition
12 NAME Backe, John D.
13 STREET ADDRESS 150 Stratford Ave Suite 210
14 CITY-STATE-ZIP Wayne, PA 19087
2 1 TITLE SD ☒ Change ☐ Addition
22 NAME Backe, John E
23 STREET ADDRESS 150 Stratford Ave Suite 210
24 CITY-STATE-ZIP Wayne PA 19087
3 1 TITLE D ☒ Change ☐ Addition
32 NAME Carroll, Edward J.
33 STREET ADDRESS 150 Stratford Ave Suite 210
34 CITY-STATE-ZIP Wayne PA 19087
4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 (610)995-9030
Date Daytime Phone #

CR2E034 (12/95)