

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 # **G31331** (3)
1. Corporation Name
GULF WEST BUILDERS CORPORATION



Principal Place of Business

2232 CHERYL ROAD
LARGO FL 34641

Mailing Address

2232 CHERYL ROAD
LARGO FL 34641

3. Date Incorporated or Qualified

03/31/1983

3a. Date of Last Report

05/19/1995

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

4. FEI Number

59-2293013

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees 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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

25 Pinellas

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, BOBBY J.
8447 KUMQUAT AVENUE NORTH
SEMINOLE FL 34647

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 **Bobby J. White**

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

(NOTE: Registered Agent signature required when resigning)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WHITE, BOBBY J.**
STREET ADDRESS **8447 KUMQUAT AVE. NO.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **V** ☐ DELETE

NAME **GRENIER, ADRIAN D**
STREET ADDRESS **10389 KUMQUAT LANE**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **S** ☐ DELETE

NAME **WHITE, JEANNE B.**
STREET ADDRESS **8447 KUMQUAT AVE. NO.**
CITY-ST-ZIP **SEMINOLE FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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: **Bobby J. White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

813-587-0400

Daytime Phone #

CR2E034 (12/95)