PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # **H25651**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90063 007 ***150.00

GULF	LF COAST CUSTOM STAINLESS, INC.					1			
	i								
Principal	cipal Place of Business Mailing Address								
5427 ASHT	427 ASHTON COURT 5658 CHURCHILL DOWNS ROAD ! SARASOTA FL 34241-9553								
SARASOTA	SARASOTA FL 34231 US					DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed			
) 					10/16/1984	<u></u>		
2. Princi	pal Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	pplied For	
21		26				<u>59-2464208</u>		lot Applicable	
Suite,	ot. #, etc. Suite, Apt. #, etc. 27					5 Certifcate of Status Desired		Additional tequired	
City &	tate City & State					6. Election Campaign Financing		May Be	
23	28					Trust Fund Contribution	Added	to Fees	
Zip	Country					8. This corporation owes the current year Intangible			
24	25		30			Personal Property Tax. 10. Name and Address of New Registers	Yes	□No	
	9. Name and Address of Current	Registered Agent	_	31 N	Name	To. Name and Address of New Registers	u Agent		
	TODD, NORMAN 4487 ASHTON ROAD								
				32 5	Street Addres	Address (P.O. Box Number is Not Acceptable)			
	SARASOTA FL 34233			33			-	-	
						the state of the state of		1,000	
, r	4. 中国 - 1987年 - 1987			34 (City	F	L 85 Zip	Code	
11. Purs	uant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ove-n	named corpo	ration submits this statement for the purpose	of changing its	s registered	
office	e or registered agent, or both, in the State of it. I am familiar with, and accept the obligation	Florida, Such change was at	Jinonzeo d	⊃y une	e corporation	's board of directors. I hereby accept the app	ontment as re	agistereo	
SIGNATI	(
SIGNATO	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	gent si	ignature required					
12.		OFFICERS AND DIRECTORS 1			 -	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
TITLE	PD PD	· -					☐ Change	(Addition	
NAME	HOOEBHOOK, HOY		1.2 NAM	_				1	
STREET ADD					DDRESS				
CITY-ST-ZIP		DELETE	1,4 CITY 2.1 TITL		<u> </u>		Change	Addition	
TITLE	VST	-							
NAME	TODD, NORMAN 222 RESS 4487 ASHTON ROAD 223				DDRESS	·		-	
STREET ADD	04940074.51			Y-ST-Z				•	
CITY-ST-ZIP			3.1 TITLE				Change	Addition	
NAME			3.2 NAM					1	
STREET ADD			3.3 STRE		DORESS				
CITY-ST-ZIP	CARACOTA EL			Y-ST-2					
TITLE		☐ DELETE 4.1		E			☐ Change	Addition	
NAME		4.3		Æ		•			
STREET ADD	RESS		4.3 STRE	EETAD	DORESS			.	
CITY-ST-ZIP			4.4 CITY	-ST-Z	ZIP				
TITLE			5.1 TTL		•		Change	Addition	
NAME			5.2 NAM						
STREET ADD	PRESS		5.3 STR						
CITY-ST-ZIP				r-ST-Z	ZIP			- Addition	
TITLE	i	☐ DELETE	6.1 TITLE 6.2 NAM				☐ Change	Addition	
NAME								1	
STREET ADD	PRESS		6.3 STR	EET AC	DDRESS	•		f	

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all wher like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: