

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H28134** (5)

1. Corporation Name

GOLD COAST HORIZONTAL BORING CORP.



Principal Place of Business

**4974 PINE CONE LANE
W. PALM BCH. FL
N PALM BEACH FL 33417**

Mailing Address

**4974 PINE CONE LANE
W. PALM BCH. FL
N PALM BEACH FL 33417**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THERIAULT, RONALD
4974 PINE CONE LANE
W. PALM BCH. FL 33417**

3. Date Incorporated or Qualified

10/31/1984

3a. Date of Last Report

08/15/1995

4. FEI Number

59-2463795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

Maxie Theriault

82

Street Address (P.O. Box Number is Not Acceptable)

4974 Pine Cone Lane

83

84

City

West Palm Beach

FL

85

Zip Code

33417

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 **Maxie Theriault Pres. Maxie Theriault Pres**

3-7-96

Signature typed or printed name of registered agent (if not applicable)

Signature typed or printed name of registered agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **THERIAULT, RONALD**
STREET ADDRESS **4974 PINE CONE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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. TITLE

P ☒ Change ☐ Addition

2. NAME

maxie Theriault

3. STREET ADDRESS

4974 Pine Cone Lane

4. CITY-ST-ZIP

West Palm Beach, FL 33417

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. 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: **Maxie Theriault Pres. Maxie Theriault Pres** **3-7-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

CR2E034 (12/95)