

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90106 010 \*\*\*150.00

**DOCUMENT # J56607**

1. Corporation Name

**GULF COAST BUSINESS BROKERS, INC.**

Principal Place of Business

6727 1ST AVE SOUTH  
SUITE 210  
ST PETERSBURG FL 33707  
US

Mailing Address

6727 1ST AVE SOUTH  
SUITE 210  
ST PETERSBURG FL 33707  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1987

4. FEI Number

59-2774878

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

RHODES, JOSEPH D.  
6727 1ST AVE SOUTH  
SUITE 210  
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RHODES, JOSEPH D.  
STREET ADDRESS 966 LAKEVIEW AVENUE S  
CITY-ST-ZIP ST PETERSBURG FL 33705

☒ DELETE

TITLE SD  
NAME PARKER, MILDRED  
STREET ADDRESS 4100 28TH ST NORTH  
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PB  
1.2 NAME Rhodes, Joseph D.  
1.3 STREET ADDRESS 6727 1st Ave South  
1.4 CITY-ST-ZIP suite 210  
St Petersburg, FL. 33707

☒ Change ☐ Addition

2.1 TITLE SD  
2.2 NAME PARKER, MILDRED  
2.3 STREET ADDRESS 12730 Bullfrog Creek Rd.  
2.4 CITY-ST-ZIP Gibsonton, FL. 33534

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph D. Rhodes 4/28/99

Date

Daytime Phone #

(727)  
345-8002

CR2E034 (1/98)