FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J85193** **(7)**

1. Corporation Name
GULF WEST FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
% DOUGLAS C. MCCRAY 3150 SOUTH GATE CIRCLE SARASOTA FL 34239	% DOUGLAS C. MCCRAY 3150 SOUTH GATE CIRCLE SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1987
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 5263 S. TAMIAMI TRAIL	26 5263 S. TAMIAMI TRAIL
22 Suite, Apt. #, etc. SUITE E	27 Suite, Apt. #, etc. SUITE E
23 City & State SARASOTA, FL	28 City & State SARASOTA, FL
24 Zip 34231 25 Country SARASOTA	29 Zip 34231 30 Country SARASOTA

4. FEI Number: 59-2831294 ☐ 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
MCCRAY, DOUGLAS C. 3150 SOUTH GATE CIRCLE SARASOTA FL 34239	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5263 S. TAMIAMI TRAIL 83 SUITE E 84 City SARASOTA FL 85 Zip Code 34231

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: _____ DOUGLAS C. MCCRAY 4/18/95
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSV	1.1 TITLE	PTS	☒ Change ☐ Addition
NAME	MCCRAY, DOUGLAS C.	1.2 NAME		
STREET ADDRESS	3150 SOUTH GATE CIRCLE	1.3 STREET ADDRESS	5263 S. TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL. 34231	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	MCCRAY, DOUGLAS C.	2.2 NAME		
STREET ADDRESS	3150 SOUTH GATE CIRCLE	2.3 STREET ADDRESS	5263 S. TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	FRANCE, ROBERT A	3.2 NAME		
STREET ADDRESS	3150 S GATE CIR	3.3 STREET ADDRESS	5263 S. TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ DOUGLAS C. MCCRAY 4/18/95 813-924-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0488488 FP