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 # **K62459** **(8)**

1. Corporation Name

GULFWINDS SERVICES, INC.

Principal Place of Business	Mailing Address
1971 W LUMSDEN RD BRANDON FL 33511	1971 W LUMSDEN RD BRANDON FL 33511

3. Date Incorporated or Qualified: **01/27/1989**
3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2932504** ☐ 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

CUST, ROBERT MICHAEL
1971 W. LUMSDEN RD.
BRANDON FL 33511

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 of new registered agent, if changed) (Name of Registered Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	*1 TITLE	☒ Change	☐ Addition
NAME	CUST, HARLAN ROBERT		*2 NAME		
STREET ADDRESS	10601 ILEX STREET		*3 STREET ADDRESS	1971 W. LUMSDEN RD #100	
CITY-ST-ZIP	TAMPA FL		*4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	SD	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	CUST, CAROLE ANN		2.2 NAME		
STREET ADDRESS	10601 ILEX STREET		2.3 STREET ADDRESS	1971 W. LUMSDEN RD. #100	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VTD	☐ DELETE	3.1 TITLE	☒ Change	☐ Addition
NAME	CUST, ROBERT MICHAEL		3.2 NAME		
STREET ADDRESS	1850 PROVIDENCE LAKES BLVD. #704		3.3 STREET ADDRESS	4119 TYNDALE DR.	
CITY-ST-ZIP	BRANDON FL		3.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CH2E034 (12/95)

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)(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.

SIGNATURE: Robert M. Cust, VICE PRES. ROBERT M. CUST 3-9-96 813-685-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #