

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

FILED  
Apr 16 1996 8:00 am  
Secretary of State

DOCUMENT # K68285 (1)

1. Corporation Name  
GULFCO, INC.



Principal Place of Business  
15065 MCGREGOR BLVD  
STE 108  
FT MYERS FL 33908  
US

Mailing Address  
15065 MCGREGOR BLVD  
STE 108  
FT MYERS FL 33908  
US

3. Date Incorporated or Qualified  
02/23/1989

3a. Date of Last Report  
08/02/1995

2. Principal Place of Business

2a. Mailing Address

21 14831 Laguna Drive

26 14831 Laguna Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fort Myers, FL

28 Fort Myers, FL

24 Zip 33908 Country

29 Zip 33908 Country

25

30

4. FEI Number  
65-0102964

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

FASIG, DONALD L.  
15065 MCGREGOR BLVD  
STE 108  
FT MYERS FL 33908

81 Name

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

14831 Laguna Drive

83

84 City

Fort Myers

85 FL

Zip Code

33908

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

*Donald L. Fasig*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MOORE, WILLIAM J.  
STREET ADDRESS 2500 ONE AMERICAN SQUARE  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE D ☐ DELETE  
NAME WILLIAMS, DONALD  
STREET ADDRESS 2500 ONE AMERICAN SQUARE  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE D ☐ DELETE  
NAME FASIG, DONALD L.  
STREET ADDRESS 15065 MCGREGOR BLVD, STE 108  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 14831 Laguna Drive  
3.4 CITY-ST-ZIP Fort Myers, FL 33908

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Donald L. Fasig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

941-433-1100

Daytime Phone #

CR2E034 (12/95)