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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07938

(8)

GULF COAST BRASS & LIGHTING, INC.

FILED
Aug 07 1997 8:00am
Secretary of State

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Principal Place of Business		Mailing Address			E LABEISDAL DIE BOTTA TROM TOTON TIDEN TIDIN BIDIN BIBIN BIBIN BIBIN BIBIN BIBIN				
HARTER, SECR 800 LAUREL O NAPLES FL 339	AK DR SUITE 400	HARTER, SECREST & EI 800 Laurel oak dr Si Naples Fl 34108-2736							
					3. Date Incorporated or Qua 08/09/1989		ate of Last I 10/1996	Report	
	Place of Business	2a. Mailing Address			4. FEI Number			pplied For	
21 Suita Ant	# 010	26 Suite Ast # etc			65-0137902 Not Applic			ot Applicable	
Suite, Apt.	. #, e(C.	Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 💢		Additional leguired	
City & Stat	te	Cily & State			6. Election Campaign Finan	cina		May Be	
23		28			Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liabi	lity for intangible	tax under	s. 199.032,	
24	25 25 Address of Corr	29	30		Florida Statutes 10. Name and Address of N		No No		
CDO	9. Name and Address of Curro WN, HOWARD L.	ent Registered Agent	81	Name C	· · · · · · · · · · · · · · · · · · ·		Agent		
	HARTER, SECREST & EMERY					VOY			
	LAUREL OAK DRIVE SUITE 400	0	82	Sport Addl	ess (P.O. Box Number is Not Ac	ceptable) Fv	nery	•	
	LES FL 33963	•	83	Quu.				1.60	
			04	800	Laurel Oak	unve s			
		. 1			aples	FL	. .ધ્યા	7108 2006	
11. Pursuant	to the provisions of Sections 607.09 registered agent, or both in the Sta am familiar with, and accept the obt	502 and 607. 1508, Florida Sta	tutes, the above-r	named corp	poration submits this statement to	or the purpose of	changing	its registered	
agent. I a	registered agent, or poor, in the Sta am familiar with, and accept the obli	ie by kiriyla/szich change wa igrutyjszti, Section 607.0505,	is authorized by th Florida Statutes.	ie corporati	ion's board of directors. Thereby	y accept the app	omment as	s registered	
SIGNATURE	/OnenV	MUND BRI	ANV.MCA	NAY, H	ARTER,	_			
12	Signature typed of printed name of registered a	igent anti title if applicable. (N ND DIRECTORS	IOTE Registered Agent :	s gnature require	ed when reinstating) ADDITIONS/CHANGES TO	DATE	DIRECTO	DC INI 40	
12.	D OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO	OFFICERS AND	Change	Addition	
NAME	STEVENSON, WILLIAM T.	had perfec	1.2 NAME				snungti		
STREET ADDRESS	568 INDUSTRIAL BLVD.		1.3 STREET AD	OBESS					
CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - 2	- 1					
TIFLE	V	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	STEVENSON, ISABELLA E		2.2 NAME						
STREET ADDRESS	568 INDUSTRIAL BLVD		23 STREET AD	DRESS {					
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-	ZIP					
TITLE		DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET AD	DRESS					
CITY-ST-ZIP			3.4. CITY-ST-	ZIP				***************************************	
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET AD						
CITY-ST-ZIP		Driete	4.4 CITY-ST-2	ZIP			Change	And all times	
TITLE		☐ DELETE	5 1 TITLE				Change	Addition	
NAME OVDEST ADDRESS			5.2 NAME	20000					
STREET ADDRESS			5.3 STREET AD						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	<u> </u>			Change	Addition	
NAME		FT prefit	6.2 NAME				ominge	- Managa	
STREET ADDRESS			6.3 STREET AD	UBESS					
l				· 1					
CITY-ST-ZIP	L		6.4 CITY-ST-2	ur L					

14. I do 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 charged, or on an attachment with an address.