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

DOCUMENT # **L44820** **(3)**

1. Corporation Name
GULF COAST SERVICES OF FORT MYERS, INC.

FILED
95 JAN 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
113540 METRO PKWY #109 FT MYERS FL 33912	113540 METRO PKWY #109 FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/17/1990**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business
21 1230 Hamilton Way Dr.
22 Suite, Apt. #, etc.
23 City & State: Ft. Myers, FL
24 Zip: 33912 25 Country: USA

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

4. FEI Number: **65-0164302** ☐ 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

ELLISON, LARRY
17274 SAN CARLOS BLVD
SUITE 202
FT MYERS BEACH FL 33931

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition V. P.
NAME	POOLE, STEVEN	1.2 NAME	JANET LLERENA
STREET ADDRESS	11350 METRO PKWY #109	1.3 STREET ADDRESS	1360 SEVILLE WAY
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	POOLE, MICHAEL	2.2 NAME	
STREET ADDRESS	617 ENTERPRISE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	PEPPERMAN, NANCY	3.2 NAME	
STREET ADDRESS	18409 ROSEWOOD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PEPPERMAN, JERRY	4.2 NAME	
STREET ADDRESS	18409 ROSEWOOD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, ROBIN	5.2 NAME	
STREET ADDRESS	7991 HART DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. FORT MYERS FL	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)(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: _____ 1-23-95 (813) 437-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0480864 FP