

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L56542** (8)

1. Corporation Name  
**GASTON SERVICES, INC.**



Principal Place of Business: **615 S. MISSOURI AVE #C CLEARWATER FL 34617 US**  
Mailing Address: **PO BOX 98 CLEARWATER FL 34617 US**

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**

3. Date Incorporated or Chartered: **03/07/1990**  
3a. Date of Last Report: **02/16/1995**  
4. FEI Number: **59-3001195** 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  
**GASTON, FREDERICK H., III  
209 PONCE DE LEON BLVD.  
BELLEAIR FL 34616**

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 607.0002 and 607.1004, 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 607.0005, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GASTON, FREDERICK H., III</b>		2. NAME:	
STREET ADDRESS: <b>209 PONCE DE LEON BLVD.</b>		3. STREET ADDRESS:	
CITY-STATE-ZIP: <b>BELLEAIR FL</b>		4. CITY-STATE-ZIP:	
TITLE: <b>TSD</b>	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GASTON, KATHLEEN A.</b>		6. NAME:	
STREET ADDRESS: <b>209 PONCE DE LEON BLVD.</b>		7. STREET ADDRESS:	
CITY-STATE-ZIP: <b>BELLEAIR FL</b>		8. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY-STATE-ZIP:		12. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY-STATE-ZIP:		16. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY-STATE-ZIP:		20. CITY-STATE-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 registered agent or registered power of attorney holder, 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: *Kathleen A. Gaston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **KATHLEEN A. GASTON**

1-29-96 813-531-5583  
DATE OF PRINTING

CR2E034 (12/95)