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

APPROVED AND FILED
95 MAY -1 PM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L78098** **(5)**

1. Corporation Name
GULF COAST CONSULTANTS OF PASCO, INC.

Principal Place of Business	Mailing Address
2404 US HWY 19 POST OFFICE BOX 3552 HOLIDAY FL 34691 US	2404 US HWY 19 POST OFFICE BOX 3552 HOLIDAY FL 34691 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/04/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-3027987** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MASCO, HOWARD L
967 PINE HILL RD
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Barbara J. Masco
82 Street Address (P.O. Box Number is Not Acceptable): 2404 U.S. Highway 19
83
84 City: Holiday FL 85 Zip Code: 34691

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: Barbara J Masco — 28 April 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PST	☑ Change ☐ Addition
NAME	MASCO, HOWARD L	1.2 NAME	MASCO, BARBARA J	
STREET ADDRESS	967 PINE HILL RD	1.3 STREET ADDRESS	967 PINE Hill Rd	
CITY-ST-ZIP	PALM HARBOR	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	MASCO, HOWARD L	2.2 NAME	MASCO, BARBARA J	
STREET ADDRESS	967 PINE HILL RD	2.3 STREET ADDRESS	967 PINE Hill Rd	
CITY-ST-ZIP	PALM HARBOR	2.4 CITY-ST-ZIP	PALM Harbor, FL 34683	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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: Barbara J Masco — 4/28/95 — 813-943-9961
Representative for estate of Howard L. Masco
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

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