

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

DOCUMENT # **M75445** (0)

1. Corporation Name

GULF COAST LAWN SERVICES, INC.



Principal Place of Business

**3046 LALANI BLVD
SARASOTA FL 34232
US**

Mailing Address

**3046 LALANI BLVD
SARASOTA FL 34232
US**

2. Principal Place of Business

2a. Mailing Address

21 **1551 Georgetowne Ln.**

26 **1551 Georgetowne Ln.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **SARASOTA FL.**

28 **SARASOTA FL.**

Zip

Zip

Country

Country

24 **34232**

25 **US**

29 **34232**

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/07/1988

3a. Date of Last Report
06/13/1995

4. FEI Number

65-0051069

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

10. Name and Address of New Registered Agent

**PUPO, ANITA K.
3046 LALANI BLVD.
SARASOTA 34232**

81 Name

ANITA K. Pupo

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

1551 Georgetowne Ln.

83

84

SARASOTA

FL

85 Zip Code
34232

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

Signature typed or printed name of registered agent, if not applicable.

NOTE: Registered Agent signature required when re-appointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **PUPO, STEPHEN**
CITY-ST-ZIP **3046 LALANI BLVD**
SARASOTA FL

TITLE ☐ DELETE

NAME **ST**
STREET ADDRESS **PUPO, ANITA K.**
CITY-ST-ZIP **3046 LALANI BLVD.**
SARASOTA 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

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

3.4 CITY-ST-ZIP

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: **ANITA K. Pupo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22 - 1996
DATE
941-3779277
TELEPHONE NUMBER

CR2E034 (12/95)