

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000005421 (2)

1. Corporation Name:

GULFAB, INC.



Principal Place of Business

11009 SPRING HILL DRIVE
SUITE E
SPRING HILL FL 34608
US

Mailing Address

11009 SPRING HILL DRIVE
SUITE E
SPRING HILL FL 34608
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HAGER, MARK E
5370 SPRING HILL DR.
SPRING HILL FL 34606

3. Date Incorporated or Qualified
11/13/1992

3a. Date of Last Report
04/04/1995

4. FEI Number
59-3145738

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

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 607.09(2) and 607.15(6), Florida Statutes, the above named corporation submits the 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 607.09(2), Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LANDRY, KEVIN
STREET ADDRESS 1238 FINLAND DR.
CITY-STATE-ZIP SPRING HILL FL 34609

TITLE D
NAME LANDRY, JOANNE C
STREET ADDRESS 1238 FINLAND DR.
CITY-STATE-ZIP SPRING HILL FL 34609

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 NAME

20 STREET ADDRESS

21 CITY-STATE-ZIP

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25 NAME

26 STREET ADDRESS

27 CITY-STATE-ZIP

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

34 NAME

35 STREET ADDRESS

36 CITY-STATE-ZIP

37 NAME

38 STREET ADDRESS

39 CITY-STATE-ZIP

40 NAME

41 STREET ADDRESS

42 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 indicates on the annual report or supplementary 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 transfer agent, and I understand the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition of a new address.

SIGNATURE: X Joanne Landry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/9/96

X 683-8757
Date of Filing

CR2E034 (12/95)