FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1998 8:00am

Secretary of State

35X

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name

Block 12 or Block 13

P93000041005 (8)

GULFSIDE INVESTIGATIONS, INC.

Principal Place of Business Mailing Address 7901 4TH ST. N. P O BOX 5625 SUITE 2018 SPRINGHILL FL 34606 **BPRING HILL FL 34606** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1993 2. Principal Place of Business
21 114 B Commeter A / WAY 2a. Mailing Address 4. FEI Number Applied For 59-3192457 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible USA 24 **⊠**-Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ODELL, ROBERT G 35 DEVON DR. 82 Street Add **CLEARWATER BEACH FL 34630** 83 34606 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named disporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Janjillar with, and accept the obligations of Section 607,0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Y Addition PTD DELETE SECRETARY Change TITLE 1.1 TITLE SCOTT, JOHN F NAME 1.2 NAME **5520 BAFFIN CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP VDS DELETE Change TITLE 21 TITLE DiRELTOR ODELL, ROBERT G NAME 2.2 NAME ARL J.WAII 35 DEVON DR. STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER BEACH FL CITY-ST-ZIP 2 4 City-St-ZiP DELETE 3.1 TITLE Addition TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

64CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

an_address