

4-22-97 B 5184 c
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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000073006 (7)

1. Corporation Name

GULF COASTLINE SAFETY ENGINEERING, INC.

Principal Place of Business

150 GRAND VIEW AVENUE
VALPARAISO FL 32580-1602

Mailing Address

P.O. BOX 51
VALPARAISO FL 32580-0051
US

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
01/22/1996

4. FEI Number
59-3211314

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

2. Principal Place of Business

21 2775 OLD HIGHWAY 98

2a. Mailing Address

26 2775 OLD HIGHWAY 98

Suite, Apt. #, etc.

22 UNIT 4

Suite, Apt. #, etc.

27 UNIT 4

City & State

23 DESTIN FLORIDA

City & State

28 DESTIN FLORIDA

Zip

24 32541-6839

Country

25 USA

Zip

29 32541-6839

Country

30 USA

9. Name and Address of Current Registered Agent

CHAMBERS, GLEN D
7354 MULBERRY LANE
NAVARRE FL 32568

10. Name and Address of New Registered Agent

81 Name

CHAMBERS, GLEN D

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

2775 OLD HIGHWAY 98

83

UNIT 4

84 City

DESTIN

FL

85 Zip Code

32541

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

ONLY ADDRESS CHANGE - NO CHANGE IN REGISTERED AGENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CHAMBERS, GLEN D
STREET ADDRESS 7354 MULBERRY LANE
CITY-ST-ZIP NAVARRE FL

TITLE V ☐ DELETE
NAME FLINT, LEE W
STREET ADDRESS 7358 MULBERRY LANE
CITY-ST-ZIP NAVARRE FL

TITLE V ☐ DELETE
NAME JONES, CHARLES R
STREET ADDRESS P.O. BOX 845
CITY-ST-ZIP APO AP

TITLE ST ☒ DELETE
NAME BUTTON, MARSHALL B.
STREET ADDRESS 150 GRANDVIEW AVE.
CITY-ST-ZIP VALPARAISO FL

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 PD ☒ Change ☐ Addition
1.2 NAME CHAMBERS, GLEN D
1.3 STREET ADDRESS 2775 OLD HIGHWAY 98 UNIT 4
1.4 CITY-ST-ZIP DESTIN FLORIDA 32541-6839

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 ST ☒ Change ☒ Addition
4.2 NAME RICHARD D. BRUCE
4.3 STREET ADDRESS 9062 MALLARD AVE
4.4 CITY-ST-ZIP Fountain Valley CA 92708

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 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:

RICHARD D BRUCE

RICHARD D BRUCE

SECRETARY 4/13/97

714 852-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)