

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY - 1 AM 11: 59

DOCUMENT # P94000002183 (9)

1. Corporation Name

GULFSHORE HULL & PROP SERVICE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 9755
NAPLES FL 33941

P.O. BOX 9755
NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/10/1994

4. FEI Number

Applied For

65-0460983

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Country

24. Country

29. Zip

25. Country

30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADLEY, MICHAEL S
6618 WELLINGTON DRIVE
NAPLES FL 33942**

81. Name

Michael S Bradley

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

3302 Arlet Dr.

83.

84. City

Naples FL

FL

85. Zip Code

33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Michael S Bradley

(NOTE: Registered Agent signature required when registering)

5/1/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President
NAME: Michael S. Bradley
STREET ADDRESS: 3302 Arlet Dr.
CITY - ST - ZIP: Naples, FL 33942

1. 1 TITLE Change Addition
1. 2 NAME
1. 3 STREET ADDRESS
1. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2. 1 TITLE Change Addition
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. 1 TITLE Change Addition
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. 1 TITLE Change Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. 1 TITLE Change Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. 1 TITLE Change Addition
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY - ST - ZIP

REMITTED BY MAY 1

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:

Michael S Bradley
Michael S. Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/1/95

(813) 597-7267