

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

**CORPORATION
ANNUAL REPORT
1995**



1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

ATT: [illegible]
[illegible]
[illegible]

2025-10-15

DOCUMENT # **P94000006165 (2)**

GULFCOAST COLLECTION AND CONSULTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2660 AIRPORT RD S NAPLES FL 33962		2660 AIRPORT RD S NAPLES FL 33962		(Section 607.01(1)(b), Florida Statutes) 3. Certificate completed or qualified: 01/20/1994 3a. Date of last Report:			
2. Existing Registered Agent:		2a. Mailing Address:		4. FFI Number: 65-0481378			
21. 2900 14th Street North		26. 1460 Golden Gate Pky.		Applied Fee: \$8.75 Additional Fee Required			
22. #29		27. Box 268		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required			
23. Naples, FL.		28. Naples, FL.		6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees			
24. 33940		25. USA		8. This corporation has liability for intangible tax under S. 194.012 Florida Statutes: ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STANLEY, JOHN F 2660 AIRPORT RD S NAPLES FL 33962				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 607.01(5), and 607.15(8), 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 607.01(5), Florida Statutes.							
SIGNATURE _____							
12. OFFICERS AND DIRECTORS:							
13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 12. OFFICERS AND DIRECTORS: NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ </td> <td style="width:50%;"> 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12: P Mary K. Spearman 133 Cypress Point Drive Naples, FL. 33942 S/T Clair L. Spearman 133 Cypress Point Drive Naples, FL. 33942 </td> </tr> </table>						12. OFFICERS AND DIRECTORS: NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12: P Mary K. Spearman 133 Cypress Point Drive Naples, FL. 33942 S/T Clair L. Spearman 133 Cypress Point Drive Naples, FL. 33942
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.012(1)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13, if it changed, or as an attachment with an address.							
SIGNATURE: <i>Mary K. Spearman</i> SIGNATURE AND PRINTED NAME OF GOING OFFICER OR DIRECTOR: MARY K. SPEARMAN							