

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 APR 27 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019136 (8)

1. Corporation Name

GULF COAST INSPECTION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report

03/04/1994

4. FEI Number

65-0479796

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

7. This corporation is authorized to transact business in the State of Florida
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

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28

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEBO, KENNETH W
5530 PINKNEY ROAD
SARASOTA FL

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 607.0502 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

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D
NAME	TEBO, KENNETH W
STREET ADDRESS	5530 PINKNEY ROAD
CITY, STATE, ZIP	SARASOTA FL 34233
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
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CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	
6. STREET ADDRESS	
7. CITY, STATE, ZIP	
8. NAME	
9. STREET ADDRESS	
10. CITY, STATE, ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY, STATE, ZIP	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3), 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 make up this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenneth W. Tebo

KENNETH W TEBO

3-30-95

92A-4W3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR