

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000027173 (1)

1. Corporation Name

GULF FINANCE, INC.



Principal Place of Business

1321 W. WATERS AVE
SUITE 105
TAMPA FL 33604
US

Mailing Address

1321 W. WATERS AVE.
SUITE 105
TAMPA FL 33604
US

2. Principal Place of Business

21 5515 Anderson Road
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 292743
Suite, Apt. #, etc.

City & State

23 Tampa, FL
Zip

Country

24 33614

25 USA

City & State

28 Temple Terrace, FL
Zip

Country

29 33687-2743

30 USA

9. Name and Address of Current Registered Agent

REID, PHILLIP A
7015 N. ARMENIA AVE.
SUITE 105
TAMPA FL 33604

3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3233089

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

10. Name and Address of New Registered Agent

81 Name

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

7015 N. Armenia Ave.

83

84 City

Tampa

FL

85 Zip Code

33604

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HAWKE, STEPHEN A
STREET ADDRESS 1321 W WATERS AVE SUITE 105
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ DELETE

NAME D WILSON, ROBERT A
STREET ADDRESS 1321 W WATERS AVE SUITE 105
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ DELETE

NAME D HAWKE, BRIAN H
STREET ADDRESS 1321 W WATERS AVE SUITE 105
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5515 Anderson Road
1.4 CITY-ST-ZIP Tampa, FL 33614

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5515 Anderson Road
2.4 CITY-ST-ZIP Tampa, FL 33614

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 5515 Anderson Road
3.4 CITY-ST-ZIP Tampa, FL 33614

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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: Stephen A Hawke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (813) 249-1031

DATE

TELEPHONE

CR2E034 (12/95)