FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 28 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042082 (5)**

1. Corporation Name
GULFSIDE SERVICES INCORPORATED

Principal Place of Business	Mailing Address
13198 92ND AVE N SEMINOLE FL 34636	13198 92ND AVE N SEMINOLE FL 34636

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 1743 22ND AVE N
2a. Mailing Address 26: P.O. Box 8535 SEMINOLE, FL 34645

4. FEI Number: 59-3252895 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23: ST. PETERSBURG, FL
City & State 28: SEMINOLE, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24: 33713 Country 25: U.S.A.
Zip 29: 34645 Country 30: U.S.A.

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JOHNSON, KEITH
363-3 ATLANTIC BLVD
#229
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

91 Name: WEST GEORGINA
92 Street Address (P.O. Box Number is Not Acceptable): 1743 22ND AVE N
93
94 City: ST. PETERSBURG FL 95 Zip Code: 33713

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: GEORGINA WEST — DATE: 6/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WEST, HANS C	12 NAME	
STREET ADDRESS	17 BUCKINGHAM RD W	13 STREET ADDRESS	
CITY-ST-ZIP	HEATON MOOR, ENGLAND	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WEST, GEORGINA	22 NAME	600001527475
STREET ADDRESS	17 BUCKINGHAM RD W	23 STREET ADDRESS	-06/29/95--01081--017
CITY-ST-ZIP	HEATON MOOR, ENGLAND	24 CITY-ST-ZIP	****225.00 ****225.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, PETER G	32 NAME	
STREET ADDRESS	5 BOURNLEA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER, ENGLAND	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

AA 6/28

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)(i), Florida Statutes. 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: Hans West — 6/12/95 — 813-710-6503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071795 CF