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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000080064 (6)

DOCUMENT # 1. Corporation Name

GULFCOAST HOME SERVICES, INCORPORATED



1219 U.S. I	of Business	Mailing Address					e sodesode sin saist dilbis dilbis di		
TAMPA FL	HIGHWAY 301 NORTH 33610	P.O. BOX 310784 TAMPA FL 33610-0784							
							Date Incorporated or Qualified	3a. Date of 10/	02/1995
2. Principal Pia 21	ice of Business	2a. Mailing Addre	ess			4. (59-3316737		Applied For Not Applicable
Suite. Apt. # 22	, etc	Suite, Apt. #,	etc.				Certificate of Status Desired	<u> </u>	8.75 Additional Fee Required
City & State		City & State					lection Campaign Financing Frust Fund Contribution	1 1	5.00 May Be Added to Fees
Zip	Country	Zip	h ¬	ountry			This corporation has liability for	intangible tax un	
24	25	[29]	30	-	·			* **	
	9. Name and Address of Current	negistered Agent			Noro	10.	Name and Address of New F	Registered Ager	nt
WALKE	R, LAURA L			81	Name				
3907 N	iorth Boulevard		82 Street Ad		Address (P.C	ddress (P.O. Box Number is Not Acceptable)			
TAMPA	FL 33603			83			AND 16		
				84	City			85	Zip Code
44 Dumman	the provisions of Sections 607.0502						···		1
SIGNATURE	oly arrestyles or protect parter of registered agost a OFFICERS AND PTSD	DIRECTORS	13.		t sign atoric n	required when rear A	DDITIONS/CHANGES TO OFF		· · · · · · · · · · · · · · · · · · ·
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	1219 U.S. HIGHWAY 301 NC TAMPA FL 33610	ORTH			ACORESS				
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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 rest ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE