

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000080064 (6)

1. Corporation Name

GULFCOAST HOME SERVICES, INCORPORATED



Principal Place of Business

1219 U.S. HIGHWAY 301 NORTH  
TAMPA FL 33610

Mailing Address

P.O. BOX 310784  
TAMPA FL 33680-0784

3. Date Incorporated or Qualified  
11/01/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 11806 FOXRUN LN.

2a. Mailing Address

26 11806 FOXRUN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA FL

City & State

28 TAMPA FL

Zip

24 33617

Country

25 Hill.

Zip

29 33617

Country

30 Hill

9. Name and Address of Current Registered Agent

WALKER, LAURA L  
3907 NORTH BOULEVARD  
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name

Joseph Ferrantegennaro

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

11806 FOXRUN LN

83

84 City

Tampa

FL

85 Zip Code

33617

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to both 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

Joseph Ferrantegennaro

2/25/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD  
NAME PHILLIPS, JESSE  
STREET ADDRESS 1219 U.S. HIGHWAY 301 NORTH  
CITY- ST- ZIP TAMPA FL 33610

DELETE

TITLE V  
NAME FERRANTEGENNARO, JOSEPH  
STREET ADDRESS 1219 U.S. HWY. 301 NORTH  
CITY- ST- ZIP TAMPA FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTSD  
1.2 NAME Ferrantegennaro, Joseph  
1.3 STREET ADDRESS 11806 FOXRUN LN  
1.4 CITY- ST- ZIP TAMPA FL 33617

Change Addition

2.1 TITLE V  
2.2 NAME Ferrantegennaro, Marjorie  
2.3 STREET ADDRESS 11806 FOXRUN LN  
2.4 CITY- ST- ZIP TAMPA FL 33617

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 for the registered 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 checked, or on an attachment with an address.

SIGNATURE:

Joseph Ferrantegennaro

2/25/97 (813) 985-2651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)