

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT #

P94000080862

1. Corporation Name

GULF ENTERPRISES LIMITED CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 PO Box 272418

26 13910 N DALE MABRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE 1

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Country

Zip

Country

24 33688

25 US

29 33618

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11-03-94

4. FEI Number

59-3276183

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

SANDERS, WALTER

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

13910 N DALE MABRY

83

SUITE ONE

84 City

TAMPA

FL

85 Zip Code

33618

11. Pursuant to the provisions of Sections 607.0412 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. Thereby 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, date, title

Signature, typed or printed name of registered agent, date, title

DATE

04/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MICHAEL JEMISON

STREET ADDRESS PO Box 272418

CITY-STATE-ZIP TAMPA FL 33688

TITLE ☐ DELETE

NAME MICHELLE JEMISON

STREET ADDRESS PO Box 272418

CITY-STATE-ZIP TAMPA, FL 33688

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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 119.02(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 or Block 14 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4-30-96

962-3499

CR2E034 (12/95)