SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000003961 (6)

GULF SHORE (CONTRACTORS	S. INC.
---------------------	-------------	---------

Principal Place of Business Mailing Address

490 WEDGE DR.
NAPLES FL 33940 NAPLES FL 33940



3. Date incorporated or Qualified 3a. Date of Last Report

				01/13/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1 602		26 4225 //1/	108 Sw.	65-0551704	Not Applicable
Suite, Apt	T #.E. ?	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27		or derandate or datas are a	LI Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
3 NAP	USS FL.	28 NAPLES.	PC.	Trust Fund Contribution	L.J Added to Fees
Zip		Zip	Courty .	8. This corporation has liability for	intarigible tax under s. 199.032.
1 34//	Country 25 COLLIESE	29 34/16 3	0 Course	Florida Statutes	Yes X No
<u> </u>	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent
49 N/	eiti, Joseph H 10 Wedge Dr. Aples Fl 33940		83 422 84 City	GETT JOSEPH dress (PO BOX Number is Not Acceptate 5 1/TA AUE SULPES.	7, FL 85 Zip Code 34/1/6
11. Pursuan office or agent I SIGNATURE	registered agent, or both, in the am familiar with, and accept the	obligations of Section 1979 505, Florid	, the above named corhorized by the corpora da Statutes Register (Aperils quature re-	rporation submits this statement for the pation's board of directors. Thereby acceptions with the patients of the patients are acceptable to the patients a	8.01.94
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Add tion
THLE		DELETE	11 Title	7/3	
NAME			1.2 NAME	INSEPH A LETTING OUN NOOS ITH AND OUN NAMES FL. 34116	
STREET ADORESS	s		1.3 STREET ADDRESS	1205 INTH KIND OF	
CITY-ST-ZIP			1.4 CITY - ST - 7IP	NRPLES FL. 34116	
TITLE		DELETE	2 1 TITLE		Change Additio
NAME			2.2 NAME		
STREET ADDRESS	.		23 STREET ADDRESS		
	3		2 4 CITY - S1 - ZIP		
CHY-ST-ZIP TITLE		DELETE	3 1 TITLE		Change Addition
	i i		3 2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRES	S		34 CITY-S1-ZIP		
CITY-ST-ZIP		DELETE	41 TITLE		Change Addition
TITLE			4 2 NAME		
NAMÉ			1		
STREET ADDRES	SS		4 3 STREET ADDRESS		
CITY - ST-ZIP		DELETE	4.4.C(TY - ST - Z)P		Change Additio
TITLE		Detter	. 5 1 TITLE		
NAME			5 2 NAME		
STREET ADDRES	ss		5 3 STHEFT ADDRESS		
CITY - ST- ZIP			5.4 Crty - ST - ZIP		Change Additio
TITLE		DELETE	61 TITLE		Change [Audite
NAME			6.2 NAME		
STREET ADDRES	ss		63 STREET ADDRESS		
ł			6.4 CITY - ST - ZIP		
14. I do he further	r certify that the information indica	supplied with this filing is voluntarily fur ited on this annual report or suppleme r director of the corporation or the rece ock 13 if chapped of on an attachemen	eiver or trustee empow	qualify for the exemption stated in Section ue and accurate and that my signature s ered to execute this report as required b	r F19 07(3)(K), Fiorida Statules 1 hal have the same legal effect as 1 y Chapter 617, Florida Statutes; an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.11.96

941352 1175
