

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

DOCUMENT # **P95000013003 (5)**

1. Corporation Name

GULF LOGISTICS CORPORATION



Principal Place of Business

Mailing Address

RT. 1, BOX 701
LCR 345 & NW 35TH ST.
CHIEFLND FL 32626

RT. 1, BOX 701
LCR 345 & NW 35TH ST.
CHIEFLND FL 32626

2. Principal Place of Business

21 **7353 NW 35th St**

2a. Mailing Address

26 **7353 NW 35th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Chiefland, FL**

27 City & State

28 **Chiefland, FL**

24 Zip **32626**

Country

25 **LEVY**

29 Zip **32626**

Country

30 **LEVY**

9. Name and Address of Current Registered Agent

FLORES-TORO, JOSE A
RT. 1, BOX 701
LCR 345 & NW 35TH ST.
CHIEFLND FL 32626

3. Date Incorporated or Qualified

02/15/1995

3a. Date of Last Report

First Report

4. FEI Number

59-3301701

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

Jose A. Flores-Toro

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

7353 NW 35th Street

83

84 City

Chiefland

FL

85 Zip Code

32626

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

Jose A. Flores-Toro

(Signature, typed or printed name of registered agent and fee if applicable)

President

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Jose A. Flores-Toro**
STREET ADDRESS **7353 NW 35th St**
CITY-ST-ZIP **Chiefland, FL 32626**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 119.07(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 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: **Jose A. Flores-Toro** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/96

(352) 493-0977

CR2E034 (12/95)