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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000030292 (3)

**DOCUMENT #** 

GULF COAST HOME AND PROPERTY WATCH, INC.

Principal Place of Business  1507 CAPE CORAL PARKWAY W  1507 CAPE CORAL PARKWAY W  11  CAPE CORAL FL 3 3914  CAPE CORAL FL 3 3914						<del></del>	
			-	•			3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1995
2. Principal Pla	ice of Business	2a. Ma	ailing Address				4. FEI Number Applied For 65 - 0653525 Not Applicable
Suite, Apt. #, etc.		Su 27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
Crty & State		F	City & State				Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip 24	Country 25	Zip	Zip Cou 29 30		itry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes VNo
í	9. Name and Address of Cur		d Agent				10. Name and Address of New Registered Agent
		<del>_</del>			B1	Name	mgiataraa ngarit
MILES, PETER E 1507 CAPE CORAL PARKWAY W				1	B2	Street Ad	dress (P.O. Box Number is Not Acceptable)
#1 CAPE CORAL FL 33914				ļ	вз		
CAPE CC	JHALFL 33414			Ī	B4	City	F1 85 Zip Code
familiar with	od agent, or both, in the State of Fin, and accept the obligations of, Si	ection 607,050	ange was aumonze 5, Florida Statutes.	ed by the co	orpx	pration's bo	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
12.	_ OFFICENS!	ND DIRECTOR	RS	13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0		☐ DELETE	1. 1 7(1)	Lξ		☐ Change ☐ Addition
NAME	MILES, PETER			1.2 NAM	AE.		
STREET ADDRESS	1507 CAPE CORAL PARKY			13 STR	EET.	ADDRESS	
CITY-S1-ZIP	CAPE CORAL FL 339	14		1.4 CHTs	(-S1	T-ZIP	
TITLE	D NUI CO DETOA		☐ DELETE	2. 1 TITU			☐ Change ☐ Addition
NAME	MILES, PETRA 1507 CAPE CORAL PARKY	18V W #4		2 2 NAM	1E	ı	
STREET ADDRESS	CAPE CORAL FL 339			2 3 STR	EET.	ADDRESS	
CITY-ST-ZIP	ONLE COUNTEL 63	(14		2.4 C(T)	- SI	r-ZIP	
TiTLE	·		□ DELETE	3. 1 T(T)		ļ	Change Addition
NAME DIVISION INDEPENDE				3.2 NAM	_		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE		<del></del>	TT DELETE	3.4 CITY		I - ZIP	
NAME			Porteit	4 1 TITE			Change Addition
STREET ADDRESS				4.2 NAM		IDDOCCO	
CITY-ST-ZIP						ADDRESS	
TITLE			DELETE	4.4 C(TY 5. 1 T(TL		- CIP	Change Addition
NAME				5.2 NAM			The countries in Manager in Manag
STREET ADDRESS						ADDRESS	
CITY-SI-ZiP				5.4 CITY		4	
TITLE			☐ DELETE	6. 1 TITL		- 2117	☐ Change ☐ Addition
NAME				6.2 NAM			□ onerige □ Notified
STREET ADDRESS				6.3 STR8		ADDRESS	
CITY-ST-ZIP				6.4 CITY		I	

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, profess attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG Peter Miles

3-21-96 941-542-1535