

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **995000640948**

1. Corporation Name

Gulf States Holdings Corp.

Principal Place of Business

Mailing Address

**33 FOURTH ST. NORTH
SUITE 202-C
ST. PETERSBURG, FL 33701**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

MAY 24, 1995

N/A

4. FEI Number

Applied For

59-3351113

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

DAVID A. MEYER

82

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

33 FOURTH STREET N.

83

Suite, Apt. #, etc.

SUITE 202-C

84

City

ST. PETERSBURG

FL

85 Zip Code

33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

(Signature)

DAVID A. MEYER, PRES.

4/29/96

12. OFFICERS AND DIRECTORS

TITLE **PRES.**
NAME **DAVID A. MEYER**
STREET ADDRESS **33 FOURTH ST. NORTH #202-C**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33701**

☐ DELETE

TITLE **VICE PRES.**
NAME **ROBERT WATKINS**
STREET ADDRESS **33 FOURTH ST. N. #202-C**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33701**

☐ DELETE

TITLE **SECRETARY / TREASURER**
NAME **ROBERT J. ANDRINAGA**
STREET ADDRESS **420 N. MILLS ST. #27**
CITY-STATE-ZIP **LEESBURG, FL 34748**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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: *(Signature)* **DAVID A. MEYER, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 **(83)896 3609**

CR2E034 (12/95)