


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 9850000 40948 1. Corporation Name GULF STATES HOLDINGS CORP.			
Principal Place of Business PO Box 40601 ST. PETERSBURG, FL 33743		Mailing Address PO Box 40601 ST. PETERSBURG, FL 33743	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 5-24-95 4. FEI Number 59-335113 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent NO CHANGE Samuel L. ... 151500 COCAINE ... FL 34620		10. Name and Address of New Registered Agent 81 Name David Meyer 82 Street Address (P.O. Box Number is Not Acceptable) 6528 NINTH AVE N 83 Q 84 City ST. PETERSBURG FL 85 Zip Code 33710	
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 [Signature] DATE 9-12-98 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ROBERT WATKINS <input checked="" type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP SEC/TRE ROBERT D. ANDRINBA <input checked="" type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P/S/T + V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME David Meyer (w/a) 1.3 STREET ADDRESS PO Box 40601 1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33743 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 3000002649689 5.3 STREET ADDRESS -09/28/98--01034--005 5.4 CITY-ST-ZIP ***150.00 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 10/9-24 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			

CR2E034 (10/97)