

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000043701 1. Corporation Name Gulf Coast Energy Services, Inc.		99 AUG -5 AM 11:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 263 Mar Street St. Petersburg, FL		Mailing Address P.O. Box 355 Malone, NY 12953-0355	
2. Principal Place of Business 21 5131 Recker Highway Suite, Apt #, etc. 22 City & State 23 Winter Haven, FL Zip Country 24 33880 25 USA		3. Date Incorporated or Qualified 06/06/1995 4. FEI Number 59-3324411 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 owes the current year Intangible Personal Property Tax ☐ Yes ☒ No	
2a. Mailing Address 26 5131 Recker Highway Suite, Apt #, etc. 27 City & State 28 Winter Haven, FL Zip Country 29 33880 30 USA		10. Name and Address of New Registered Agent 81 Name Charles M. Harris 82 Street Address (P.O. Box Number is Not Acceptable) Trenam, Kemker 83 101 E. Kennedy Blvd., Suite 2700 84 City Tampa FL 85 Zip Code 33602	
9. Name and Address of Current Registered Agent Charles M. Harris c/o Tieram - Kemker 101 E. Kennedy Blvd., 2700 Tampa, FL 33602 US		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 <i>[Signature]</i> DATE 8/3/99 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS TITLE PS ☐ DELETE NAME Bruce A. Monette, Jr. STREET ADDRESS 222 14th Avenue, South CITY-ST-ZIP St. Petersburg, FL 33701 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE DS ☒ Change ☐ Addition 12 NAME Bruce A. Monette, Jr. 13 STREET ADDRESS 5131 Recker Highway 14 CITY-ST-ZIP Winter Haven, FL 33880 21 TITLE D ☐ Change ☒ Addition 22 NAME Brian Monette 23 STREET ADDRESS 5131 Recker Highway 24 CITY-ST-ZIP Winter Haven, FL 33880 31 TITLE PD ☐ Change ☒ Addition 32 NAME Jeffrey DeNight 33 STREET ADDRESS 5131 Recker Highway 34 CITY-ST-ZIP Winter Haven, FL 33880 41 TITLE ☐ Change ☐ Addition 42 NAME 600002955466--8 43 STREET ADDRESS -08/10/99--01029--011 44 CITY-ST-ZIP *****61.25 *****61.25 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Jeffrey DeNight**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/99

941-965-8788

Daytime Phone #

CR2E034 (11/98)