

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000069051 (7)

1. Corporation Name

GULF COAST EUROPEAN INC.



Principal Place of Business

Mailing Address

1875-D SHERWOOD STREET
CLEARWATER FL 34625

1875-D SHERWOOD STREET
CLEARWATER FL 34625

3. Date Incorporated or Qualified
09/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 20 S. MYRTLE AVE

26 20 S. MYRTLE AVE

4. FEI Number

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 CLEARWATER FL.

28 CLEARWATER FL.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

24 34616

25 PINELLAS

29 34616

30 PINELLAS

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HAGAN, PETER F
134 WEST YORK COURT
LONGWOOD FL 32779

81 Name

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

83

84 City

FL

85 Zip Code

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

Peter F. Hagan V.P. PETER F. HAGAN

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ULRICH, JAMES L
STREET ADDRESS 1417 NURSERY ROAD
CITY - ST - ZIP CLEARWATER FL 34616

TITLE D ☐ DELETE
NAME ULRICH, NANCY L
STREET ADDRESS 1417 NURSERY ROAD
CITY - ST - ZIP CLEARWATER FL 34616

TITLE D ☐ DELETE
NAME HAGAN, PETER F
STREET ADDRESS 134 W. YORK COURT
CITY - ST - ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE
NAME HAGAN, ROXANNE
STREET ADDRESS 134 W. YORK COURT
CITY - ST - ZIP LONGWOOD FL 32779

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

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

100001919051
-08/12/96--01032--038
***225.00

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, and 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter F. Hagan V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(8/3/96) 0605