

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **PA50000079370**
1. Corporation Name
Gulfcoast Supply Of Orlando, Inc.

Principal Place of Business Mailing Address
**4261 - 112th Terrace North
Clearwater, FL 34622**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 27 28 29 30

g. Name and Address of Current Registered Agent

**Angelo J. DiSalvatore
4261 - 112th Terrace North
Clearwater, FL 34622**

Amended Annual Report \$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3. Date Incorporated or Qualified **10/2/95** 3a. Date of Last Report **1/96**
4. FEI Number **59-3338984** Applied For
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. 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 **Leonard Englander,**
82 Street Address (P.O. Box Number is Not Acceptable)
5959 Central Avenue Suite 201
83
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-6-96

12. OFFICERS AND DIRECTORS

TITLE **President** ☒ DELETE
NAME **Angelo J. DiSalvatore**
STREET ADDRESS **4261 - 112th Terrace N**
CITY-ST-ZIP **Clearwater, FL 34622**
TITLE **Vice President** ☒ DELETE
NAME **Franklin A. Marciano**
STREET ADDRESS **4261 - 112th Terrace North**
CITY-ST-ZIP **Clearwater, FL 34622**
TITLE **Secretary/Treasurer** ☒ DELETE
NAME **Richard J. Fabrizi**
STREET ADDRESS **4261 - 112th Terrace North**
CITY-ST-ZIP **Clearwater, FL 34622**
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

1.1 TITLE **PRESIDENT / TREASURER** ☐ Change ☒ Addition
1.2 NAME **Marla Sawyer**
1.3 STREET ADDRESS **4261 - 112th Terrace North**
1.4 CITY-ST-ZIP **Clearwater, FL 34622**
2.1 TITLE **VICE PRESIDENT / SECRETARY** ☐ Change ☒ Addition
2.2 NAME **Steven Marciano**
2.3 STREET ADDRESS **4261 - 112th Terrace N.**
2.4 CITY-ST-ZIP **Clearwater, FL 34622**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo J. DiSalvatore

10/2/96

813-573-3955

Daytime Phone #

CR2E034 (3/96)