			Amended Annual Report \$161.25
PROFIT	4	PARTMENT OF STATE	
CORPORATION ANNUAL REPORT		Ira B. Mortham retary of State	
1996	DIVISION C	OF CORPORATIONS	FILED
DOCUMENT # DOGT	001931	3	96 OCT 21 PH 12: 22
i. Corporation Name J COUL Gulfcoast Supply	0f Hillsbor	ough, Inc.	· OCODETARY OF STATE
4261 - 112th Ter Clearwater, Flor	race North	-	· SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	<u>.</u>	
			3. Date Incorporated or Qualified 3a. Date of Last Report
	2a Mailing Address		10/2/95 1/96 4. FEI Number Applied For
2. Principal Place of Business 21	2a. Mailing Address 26		59-33388983 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	 B. This corporation has liability for intangible tax under s. 199.032,
24 25 25 25 25 25 26 25 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26	29 ant Registered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
Angelo J. DiSalv		81 Nam	Leonard Englander,
11327 - 43rd Str	eet North	5	eet Address (P.O. Box Number is Not Acceptable) 5959 Central Avenue Suite 201
Clearwater, Flor	ida 34622	83	
		84 City	ST. Petersburg FL 33710
11. Pursuant to the provision of octions 607.02 office or registered agent or both in the parties	02 and 607.1508, Florida Sta of Porida. Such change w	atutes, the above-name as authorized by the co	red corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I an Nomitiar with, And are of the oblig		10.6.7	76.
Signature, typed or printed nume of regilitered as	gent and title if applicable ND DIRECTORS	(NOTE Registered Agent signated 13.	Adure required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE President	X DELETE		PRESIDENT/TRESULET Change X Addition Marla Sawyer
STREET ADDRESS Angelo J. DiSal		1.2 NAME 1.3 STREET ADDRES	ESS 4261 - 112th Terrace North
STREET AUDRESS 4261 -112th Ter		1.4 CITY - ST-ZIP	Clearwater, FL 34622 Vice President / SECRETARY L Change X Addition
Vice President		2.1 TITLE 2.2 NAME	Steven Marciano
STREET ADDRESS \$261 - 112th Ter	race North	2.3 STREET ADDRES 2.4 CITY - ST - 2/P	
TITLE Clearwater, FL			4000019902549
NAME Richard J. Fabri STREET ADDRESS 4261 - 112th Te		3.2 NAME 3.3 STREET ADDRES	-10/30/9601045012
CITY-ST-ZIP Clearwater, F1	34622	3 4. CITY - ST - ZIP	******01.20 ******01.20
TITLE Secretary/Treas		4.1 TITLE 4.2 NAME	Change L Addition
STREET ADDRESS		4 3 STREET ADDRES	455 (1))
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP 5 1 TITLE	Change Addition
NAME		5 2 NAME	(O_{k_2})
STREET ADDRESS		5.3 STREET ADDRES 5.4 CITY - ST- ZIP	(\mathcal{A})
CHTY-ST-ZIP THTLE	DELETE	E 6.1 TITLE	Change Addition
NAME STREET ADDRESS		6.2 NAME 6.3 STREET ADDRES	BESS
CITY-ST-ZIP		6.4 CITY - ST - ZIP	
14 I do hereby certify that the information suppli	ied with this filing is voluntari	ily furnished and does f ilemental annual report	not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I tis true and accurate and that my signature shall have the same legal effect as if
further certify that the information indicated o	cth othe corporation or the	receiver or trustee emi	npowered to execute this report as required by Chapter 617, Florida Statutes; and
further certify that the information indicated or made under oath; that I am 4) officient or direc that my name appears in Buck 2 or Blog 1	to on the corporation or the inchanged, or on an atlact	neceiver or trustee emp ment with an address.	t is true and accurate and that my signature shall have the same legal effect as if mpowered to execute this report as required by Chapter 617, Florida Statutes; and Distant BLE 10, 146 813 - 573 - 3955 Date Date Date Date Date Date Date Date