

PROFIT CORPORATION WHICH IS DISCLOSED ON OR AFTER AUGUST 1, 1995.
IF DISCLOSED, MINIMUM AMOUNT DUE TO PENALTY: \$25.

Amended Annual Report \$61.25

FILED

96 OCT 21 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **945000079377**

1. Corporation Name
Gulfcoast Supply Of Sarasota, Inc.
4261 - 112th Terrace North
Clearwater, Florida 34622

Principal Place of Business
Mailing Address

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
30

3. Date Incorporated or Qualified
10/2/95

3a. Date of Last Report
1/96

4. FEI Number
65-0613293

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Angelo J. DiSalvatore, President
4261 - 112th Terrace North
Clearwater, Florida 34622

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 607.0002 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]* (NOTE: Registered Agent signature required when reinstating) DATE **10-6-96**

12. OFFICERS AND DIRECTORS

TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Angelo J. DiSalvatore
STREET ADDRESS	4261 - 112th Terrace North
CITY-ST-ZIP	Clearwater, FL 34622
TITLE	Vice President <input checked="" type="checkbox"/> DELETE
NAME	Franklin A. Marciano
STREET ADDRESS	4261 - 112th Terrace North
CITY-ST-ZIP	Clearwater, FL 34622
TITLE	Secretary/Tres <input checked="" type="checkbox"/> DELETE
NAME	Richard J. Fabrizi
STREET ADDRESS	4261 - 112th Terrace North
CITY-ST-ZIP	Clearwater, FL 34622
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / TRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steven Marciano
2.3 STREET ADDRESS	4261 - 112th Terrace North
2.4 CITY-ST-ZIP	Clearwater, FL 34622
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changing, or on an attachment with an address.

SIGNATURE: *[Signature]* **Angelo J. DiSalvatore** **10/2/96** **813-593-3955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)