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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079377 (4)

GULFCOAST SUPPLY OF SARASOTA, INC.

Principal Place of Business

Mailing Address

4261 - 1127H TERR. NORTH CLEARWATER FL 34622 4261 - 112TH TERR. NORTH CLEARWATER FL 34622 FILED
May 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified		
				10/10/1995		
2. Principal Pi	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		65-0613293	Not Applicable	
Suite, Apt.	#. etc	Suite, Apt #, etc		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		[28]		Trust Fund Contribution	Added to Fees	
Zıp	Country	Zipi	Country	8. This corporation owes or has paid the o	current year Intangible	
24	25]	[29]	30	Personal Property Tax due June 30.	Yes No	
	g, Name and Address of Co	irrent Registered Agent		10. Name and Address of New Registered Agent		
ENGLANDER, LEONARD 81 Namo MARCT ALC Che 10 1						
5959 CENTRAL AVENUE			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 201				4261 112 ty Ter N		
ST. PETERSBURG FL 33710 [83]						
84 City //						
<u> </u>			11.6	learwater F	LI 「マスンム・2 」	
11. Pursuant t	o the provisions of Sections 607	.0502 and 607.1508, Florida State	ites, the above-named	corporation submits this statement for the purpose	of changing its registered	
11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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. Fam familia with, and accept the obligations of, Sequidi 607.05(3), Florida Statutes.						
NATURE	(AL/V	- Vhe /re	estal Ste	WEND MARCIAND V.P. 4	124148	
ESC P			TE Registered Agent signature		1 -1/	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PT NAMES AND A	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	SAWYER, MARLA	1000	12 NAME			
STREET ADDRESS	4261 - 112TH TERRACE I	NURIH	1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34622	The second	14 CITY - ST - ZIP			
TITLE	VPS	DELETE	2 1 TITLE		Change Addition	
NAME	MARCIANO, STEVEN	IODTI I	2 2 NAME		}	
STREET ADDRESS	4261 -112TH TERRACE N	IUKIH	2 3 STHEET ACOURTESS	•		
CITY-ST-2IP	CLEARWATER FL 34622	DELETE	2. 4 CITY - ST - ZIP		Change Addition	
TITLE		L) better	31 TITLE		The cuauties The applicant	
NAME			3.2 NAME		Y	
STREET ADDRESS			33 STREET ADDRESS			
CATY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition	
TITLE		[_] Dett (C	4 1 TITLE 4. 2 NAME		□1 cuango □1 MD01(10()	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME		_ onen	5.2 NAME		C Sugargo C Modardii	
STREET ADDRESS			53 STHEET AUPRESS			
OTTY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		Change Addition	
NAME		·· · · ·	6.2 NAMÉ			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6 4 City-ST-ZiP		Ì	
14. I hereby co	ertify that the information supplie	ed with this filing does not qualify	or the exemption states	d 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 escription or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in						

STEVEN MANEUMU