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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000015484 (4)

**GULFCOAST ENGINEERING SERVICES, INC.** 

Principal Place of Business Mailing Address 577 DUNCAN AVENUE SOUTH 577 DUNCAN AVENUE SOUTH CLEARWATER FL 34616 CLEARWATER FL 34616-6256 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 9-3370542 21 26 Not Applicable Suile, Apt. #, elc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VERNON, J. MARCUS ESQ. **577 SOUTH DUNCAN AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition Tille 1.1 TITLE VERNON, J. MARCUS NAME 1.2 NAME 577 S. DUNCAN AVENUE 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 34616 1.4 CITY-ST-ZIP Cilly St DELETE 2.1 TITLE ☐ Change Addition TITLE 2.2 NAME NAVA STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-2IP CITY-ST-7 DELETE Change Addition DITU 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-\$1-202 DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP D/TY-ST-ZIP Change Addition DELETE TIME 5.1 TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CH7Y-\$1-712 DELETE Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby conify that the information supplied with this filing does not qualify for the exemption stated 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 efficier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if alignos 0 for on an attachment with an address.

SIGNATURE:

appears in Block 12 or Block 13 if

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

or on an attachment with an address.

96/6)

**FILED** 

May 14 1997 8:00am

Secretary of State