

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000053126 (4)

1. Corporation Name  
GULF STATES RESOURCES CORPORATION



Principal Place of Business  
420 NO MILLS STREET NO 27  
LEESBURG FL 34748

Mailing Address  
420 NO MILLS STREET NO 27  
LEESBURG FL 34748-7114

3. Date Incorporated or Qualified  
06/20/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business  
21 6747 Cape Hatteras Way N.E.  
Suite, Apt. #, etc.  
22 # 4

2a. Mailing Address  
26 Same as # 2  
Suite, Apt. #, etc.  
27

City & State  
23 St. Petersburg, FL.  
Zip  
24 33702

Country  
25 U.S.A.

City & State  
28  
Zip  
29  
Country  
30

4. FEI Number  
59-3389633

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  
ANDRINGA, ROBERT J  
420 NO MILLS STREET NO 27  
LEESBURG FL 34748

10. Name and Address of New Registered Agent  
81 Name Robert J. Andringa  
82 Street Address (P.O. Box Number is Not Acceptable)  
6747-4 Cape Hatteras Way N.E.  
83  
84 City St. Petersburg FL 85 Zip Code 33702

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 Robert J. Andringa  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 4-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDRINGA, ROBERT J		1.2 NAME Robert J. Andringa	
STREET ADDRESS 420 NO MILLS STREET NO 27		1.3 STREET ADDRESS 6747-4 Cape Hatteras Way N.E.	
CITY-ST-ZIP LEESBURG FL 34748		1.4 CITY-ST-ZIP St. Petersburg, FL. 33702	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VIA Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANDRINGA, ROBERT J		2.2 NAME Henry Andringa	
STREET ADDRESS 420 NO MILLS STREET NO 27		2.3 STREET ADDRESS 6747-4 Cape Hatteras Way N.E.	
CITY-ST-ZIP LEESBURG FL 34748		2.4 CITY-ST-ZIP St. Petersburg FL. 33702	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify 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 officer 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Andringa  
Signature and typed or printed name of signing officer or director

4-28-97  
Date

527-5972  
Daytime Phone #

CR2E034 (9/96)