

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90019 041 \*\*\*150.00

DOCUMENT # P97000046818

1. Corporation Name

GULFCOAST SECURITY AND INVESTIGATIONS, INC.

Principal Place of Business

2124 AIRPORT ROAD S.

#L

NAPLES FL 34112

US

Mailing Address

2124 AIRPORT ROAD S.

#L

NAPLES FL 34112

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

59-3452067

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5051 Castello DR

Suite, Apt. #, etc.

22 200

City & State

23 NAPLES

Zip

24 34103

Country

25

2a. Mailing Address

26 5051 Castello DR

Suite, Apt. #, etc.

27 220

City & State

28 NAPLES FL

Zip

29 34103

Country

30

9. Name and Address of Current Registered Agent

LEWIS, WILLIAM G  
5815 GLENDOVE DRIVE #1206  
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name WILLIAM ERICKSON

82 Street Address (P.O. Box Number is Not Acceptable)

1250 TAMiami Trail North

83 #302

84 City NAPLES

FL

85 Zip Code

34102

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

*William C. Erickson*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-99  
William C. Erickson Accountant

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME LEWIS, WILLIAM G.  
STREET ADDRESS 5815 GLENDOVE DRIVE #1206  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☒ DELETE

NAME Norman CHRISTINE Packer  
STREET ADDRESS 5709 Gage Lane 302F  
CITY-ST-ZIP Naples FL 34113-PNS

TITLE ☐ DELETE

NAME Paul J. Anderson  
STREET ADDRESS P.O. Box 413005 #84  
CITY-ST-ZIP Naples 34101-3005

TITLE ☐ DELETE

NAME Douglas Mootspon  
STREET ADDRESS 2050 West Crown Blvd  
CITY-ST-ZIP #110 Naples, FL 34102

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Norman CHRISTINE Packer*

Date

Daytime Phone #

1-19-99 PH 403-0220

CR2E034 (11/98) / 1

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