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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075794 (2)

GULF COAST CONNECTION OF HILLSBOROUGH, INC.

Principal Place of Business

Mailino Address

FILED
May 12 1998 8:00am
Secretary of State



Till Cipar Frace	b of business	Maining Address			
2228 EAGLE BLUFF DRIVE VALRICO FL 33594		2228 EAGLE BLUFF VALRICO FL 33594	2228 EAGLE BLUFF ORIVE VALRICO FL 33594		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/29/1997
2. Principal Pl	lace of Business	2a. Mailing Address	2a, Mailing Address		4. FEI Number Applied For
21	_	26			59-34(8)() Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc).		5. Certificate of Status Desired \$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	26		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Properly Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Registered Agent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Registered Agent
MOORE, WILLIAM B					
	8 EAGLE BLUFF DRIVE		0 1		(0.0 0.1)
	RIÇO FL 33594		82 Street Add		Address (P.O. Box Number is Not Acceptable)
YAL	NIÇO FE 33384		8	3	
			8	4 City	85 Zip Code
44 6 3		0000 T0074000 FL TT			FL 18 2 P COLO
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 tills if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELET		1	☐ Change ☐ Addition
NAME	MOORE, WILLIAM B		1.2 NAMI		
STREET ADDRESS	2228 EAGLE BLUFF DRIV	F		ET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	•		1	
TITLE	TAETIIOO 1 E 00384	DELET	1.4 CfTY- E 21 TITLE		Change Addition
NAME			2.2 NAME	}	Ell change Li riadition
1				i	
STREET ADDRESS				et address	
CITY-ST-ZIP		T Beer	2. 4 CITY		
TITLE		DELETE 3.1 TIT			Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	- ST- ZIP	
TITLE		DELET	E 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		DELET	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		DELETI			Change Addition
		الكالمان فيها			L. Oning L. Rudillon
NAME			6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	melic. that the inferred	al initial, while \$4 a.s. all and a second	6.4 CITY-		dia Cardan 440 OZIOVO Flanda Orania III dia mangana dia dia dia dia dia dia dia dia dia di
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.					