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

DOCUMENT # P97000093155

GULF TRADING AND HOLDING CORPORATION

Principal Place of Business	Mailing Address				
35 W LEMON ST TARPON SPRINGS FL 34689	35 W LEMON ST TARPON SPRINGS FL 34689				
TARPON SPRINGS FL 34689	TARPON SPRINGS FL 34689				

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90060 042 ***150.00



TANI ON GIAMAGO LE 97000						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed					
						10/29/1997			l		
2. Principal P	Principal Place of Business 2a. Mailing Address					4. FEI Number		App	olied For		
21	26					59-2651916		Not	Applicable		
Suite, Apt.	Suite, Apt. #, etc: Suite, Apt. #, etc.							\$8.75 A	dditional		
27						5. Certifcate of Status Desired		Fee Re			
City & State City & State					w. ·	6. Election Campaign Financing		\$5.00	May Ro		
23	28					Trust Fund Contribution		Added to			
Zip	Country Zip Cour					8. This corporation owes the curr	ent vear Inta				
24	25 29 30					Personal Property Tax.	one your one		⊠ No .		
9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered /	Agent			
# 1557 (MANA/2003 EXC)					Name		<u> </u>				
ELLIOTT, HERBERT											
GUL35 WILEMON STO MOLLING CORPORATION				82 Street Address (P.O. Box Number is Not Acceptable)							
TARPON SPRINGS FL 34689				83 (3.2.2.15.2.14) 5.7.40 5.1.4							
TAIN ON ON THINGS I E 07000				~		· · · · · · · · · · · · · · · · · · ·					
			8	4	City	The state of the s		85 Zip C	ode 200 a		
na tir i great				1			<u> FL</u>	<u> </u>			
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 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	***		gent s	signature required	when reinstating) 🖓 토르토 🕌	DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	PD	☐ DELETE	1.1 TITLE	Ε		N REBR		Change	Addition		
NAME	ELLIOTT, HERBERT 121		1.2 NAME	E					l		
STREET ADDRESS	s 35 W LEMON ST 13			EΤΑ	DDRESS				l		
CITY-ST-ZIP	TARPON SPRINGS FL 34689			-ST-2	ZIP						
TITLE	SD	☐ DELETE	2.1 TITLE	=				☐ Change	☐ Addition		
NAME	MANK, AMITY M		2.2 NAME	E		•			l		
STREET ADDRESS				ETA	DDRESS				l		
CITY-ST-ZIP				/- ST-	7ID				.		
TITLE	TARPON SPRINGS FL 34689	☐ DELETE	3.1 TITLE					Change	Addition		
NAME			3.2 NAME								
			3.3 STRE		DDDESC						
STREET ADDRESS	POR STRIKES II. I. IV							1211年1日			
CITY-ST-ZIP		T] DELETE	3.4. CITY 4.1 TITLE					Change.	Addition		
TITLE			4			The state of the s		- Ontangos			
NAME STREET ADDRESS	-1	A to the opening of	4. 2 NAM						l		
STREET ADDRESS	○ \$ 40.0 M		4.3 STRE								
CITY-ST-ZIP			4.4 CITY		ZIP						
TTTLE	i, 10 1 1 1	DELETE	5.1 TITLE					☐ Change	☐ Addition		
NAME	ann to the tipe t	Tal alim alim will.	5.2 NAME								
STREET ADDRESS	350	the first	5.3 STRE					•			
CITY-ST-ZIP	10		5.4 CITY-		ZIP						
TITLE	ALUMAN PROCESS	☐ DELETE	6.1 TITLE	Ξ				☐ Change	☐ Addition		
NAME	as weemen st		6.2 NAME	E		,	•				
STREET ADDRESS	TAMENON SIETET (EL) SESSE		6.3 STRE	ETA	DDRESS				l		

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 suppliemental 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 original 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 property of the receiver of the original with an address, with all other like empowered.

SIGNATURE:

ATTIBLE AND TYPE TO PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Jan. 7, 1999 (727) 942-3631

Daytime Phone

CR2F034 (11/98)