## 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 # P97000095727 (8)

**GULF TECH ELECTRONIC SERVICES, INC.** 

**FILED** Feb 26 1998 8:00am Secretary of State

Dinainal Diagram	ht Ways A distance			
Principal Place of Business Mailing Address  9420 LAZY LANE, SUITE A-16  9420 LAZY LANE, SUITE A-16				
TAMPA FL 33614	TAMPA FL 33614	; A-10	DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified	
			11/07/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 3474402	Applied For
Suite, Apt #, etc.	<b>26</b>     Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip Country	[28]	T Country	Trust Fund Contribution	Added to Fees
24 25	Zip   <b>29</b>	Country 30	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year Intangible  Yes X No
9. Name and Address of (		1901	10. Name and Address of New Registered	
BARKER, DENNIS WAYNE		81 Name		
9420 LAZY LANE, SUITE A-16		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33614		83		
		84 City	F	L 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. Lam familiar with, and accept the</li> </ol>	State of Florida, Such change was	authorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE Signature: typed or printe-finance of require	Oral source, and March Aredo able. (NO	11: Registered Agent signature req	DATE	
12. OFFICER	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE P.	_ DELETE	1.1 TITLE		Change Addition
NAME DENNIS WAYN	e Barker,	1.2 NAME		
NAME STREET ADDRESS CITY-ST-ZIP TILE TILE	ist ft. Blvd .	. 1.3 STREET ADDRESS		
CHY-SI-ZIF 19MPA, FL	336 II	1.4 CITY - ST - ZIP		Change Addition
TITLE	□ DETERE	2.1 TITLE 2.2 NAME		L_1 Change L_1 Addition
STREET ADDRESS		2.3 STREET ADDRESS		
CHY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	DELETE.	3 1 TITLE		Change Addition
NAME		3.2 NAME		1
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DITETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DILETE	4.4 CITY-ST-ZIP		Change Addition
NAME		5.1 TITLE		C change
STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME	Second Second Vision	6 2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
	lied with this filma does not qualify t		in Section 119.07(3)(i), Florida Statutes. I further of	certify that the information

indicated on this annual report or supplymental annual report or supplymental annual report of supplymental annual report of supplymental 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 of 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 a statchment with an address

SIGNATURE: