Jan Sal

PROFIT
CORPORATION
ANNUAL REPORT
1999

LARGO FL 33771

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23



SHITE 2

26

29

LARGO FL 33771

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079327 1. Corporation Name GULF 2000, INC.

Country

9. Name and Address of Current Registered Agent

25

REARDON, JANET C

Principal Place of Business Mailing Address
10225 ULMERTON ROAD 10225 ULMERTON ROAD

DO NOT WRITE IN THIS SPACE

FILED

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90087 038 ***150.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

□No

09/15/1998

4. FEI Number 59-3532277

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

10225 ULMERTON ROAD				Steet	Address (F.O. Box Number is Not Acceptable)				ĺ
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LARG	60 FL 33771		L_		<u> </u>				1
			84	City	FL	85 7	Ip Code	,	ĺ
· <u>·</u>		Elarido Statutes	the abou	l named	corporation submits this statement for the oursess of o	hanging	its regi	stered	
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 title if applicable. (NOTE: Registered Agent #gneture required when reinstraing) DATE								— i	₩
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC			(11/98)
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NAME			8.2 NAME						
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CITY-ST-ZIP			6.4 CITY-S	ST-ZIP	Lin Consider 440 07(0)(i) Find the Circular Lindberg and	6. 4b.e.* *	ha infor	nation	

Country

81 Name

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14. I hereby certify that the information supplied with this filling 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 of florescalve 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 chartist. Or onlan attackment with an address, with all other like empowered.

SIGNATURE

367-5704 Dayling Phone P