**FILE NOW; FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
Tallahassee, Florida

APPROVED AND FILED

95 MAY -1 PM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S24340 (9)

1. Corporate Name
GULF MANAGEMENT SERVICES, INC.

Principal Place of Business
2575 ULMERTON ROAD, #300
SUITE 27
CLEARWATER FL 34622

Mailing Address
2575 ULMERTON ROAD, #300
SUITE 27
CLEARWATER FL 34622

3. Date of Incorporation: 01/10/1991
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21
Suite Apt. #
22
City, State
23
24 25

2a. Mailing Address
26
Suite Apt. #
27
City, State
28
29 30

4. FEI Number: 59-3061490
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name Reservation Desired ☐ $5.00 May Be Added to Fees
Trust Fund Contribution ☐

8. The corporation has had, or plans to have, employees in Florida? Yes ☐ No ☒

9. Name and Address of Current Registered Agent
PARRY, EDWARD H.
2575 ULMERTON ROAD, #300
CLEARWATER FL 34622

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the name and address of the registered agent and office shall be as stated in paragraph (2) of this report. I hereby accept the appointment as registered agent for the registered office in Florida.

ACKNOWLEDGMENT

12. Officers and Directors

| | |
|---|---|
| Title | DP |
| Name | BULLARD, FRED B. J |
| Street Address | 2575 ULMERTON ROAD |
| City-State-Zip | CLEARWATER FL |
| Title | DST |
| Name | PARRY, EDWARD H. |
| Street Address | 2575 ULMERTON ROAD |
| City-State-Zip | CLEARWATER FL |

13. Additional Officers and Directors

| | |
|---|---|
| Title | ☐ Change ☐ Add/Del |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Add/Del |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Add/Del |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Add/Del |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Add/Del |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | ☐ Change ☐ Add/Del |
| Name | |
| Street Address | |
| City-State-Zip | |

14. I hereby certify that the information supplied with this filing, and accompanying fees, qualify for the exemption contained in Section 607.0122, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report filed herewith is identical to the information filed with the Secretary of State or Department of State for the preceding calendar year, and that no amendment to the articles of incorporation or the bylaws of the corporation is being filed or is required to be made by the report as required by Chapter 607, Florida Statutes, and that no amendment appears to be necessary to the articles of incorporation or other documents on file with the Department.

SIGNATURE: Edward H. Parry
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

813-576-6424
Daytime Phone

035000 CP