

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S24340** (9)

1. Corporation 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**

2. Principal Place of Business

21 **2325 Ulmerton Road**  
22 **Suite 20**

2a. Mailing Address

26 **2325 Ulmerton Road**  
27 **Suite 20**

City & State

23 **Clearwater, Florida**

City & State

28 **Clearwater, Florida**

Zip

24 **34622**

Country

25 **Pinellas**

Zip

29 **34622**

Country

30 **Pinellas**

g. Name and Address of Current Registered Agent

**PARRY, EDWARD H.  
2575 ULMERTON ROAD, #300  
CLEARWATER FL 34622**

3. Date Incorporated or Qualified

**01/10/1991**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3061490**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**Parry, Edward H.**

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

**2325 Ulmerton Road, Suite 20**

83

84 City

**Clearwater**

**FL**

85 Zip Code

**34622**

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

*Edward H. Parry*

*Edward H. Parry*

*Sec.*

*4/16/96*

Signature typed or printed name of registered agent and director, if applicable

Signature typed or printed name of registered agent and director, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BULLARD, FRED B. J</b>	
STREET ADDRESS	<b>2575 ULMERTON ROAD</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>PARRY, EDWARD H.</b>	
STREET ADDRESS	<b>2575 ULMERTON ROAD</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2325 Ulmerton Road, Suite 20</b>
1.4 CITY - ST - ZIP	<b>Clearwater, FL 34622</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2325 Ulmerton Road, Suite 20</b>
2.4 CITY - ST - ZIP	<b>Clearwater, FL 34622</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Edward H. Parry*

*Edward H. Parry, Sec.*

*4/16/96*

*813-576-6424*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)