

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S41192** (3)

1. Corporation Name

GULFCOAST MARKETING SERVICES, INC.

Principal Place of Business

**2451 MCMULLEN BOOTH
267
CLEARWATER FL 34619
US**

Mailing Address

**P O BOX 14123
CLEARWATER FL 34629
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

03/27/1991

04/20/1994

4. FEI Number

59-3071986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

9. Name and Address of Current Registered Agent

**WEAVER, GARY R
2451 MCMULLEN BOOTH RD
STE 267
CLEARWATER FL 34619**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 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 *Gary R Weaver*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE **4/4/95**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WEAVER, GARY R.
STREET ADDRESS	2753 COUNTRYSIDE BLVD #108
CITY - ST - ZIP	CLEARWATER FL
TITLE	S
NAME	WEAVER, CAROL S
STREET ADDRESS	2753 COUNTRYSIDE BLVD #108
CITY - ST - ZIP	CLEARWATER FL
TITLE	VR
NAME	WEAVER, GERALD R
STREET ADDRESS	618 CARDINAL CIRCLE
CITY - ST - ZIP	WAVERLY OH
TITLE	T
NAME	WEAVER, ALVIA
STREET ADDRESS	618 CARDINAL CIRCLE
CITY - ST - ZIP	WAVERLY OH
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Carol S Weaver
2.3 STREET ADDRESS	2753 Countryside Blvd #108
2.4 CITY - ST - ZIP	Clearwater FL 34622
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Delete
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Delete
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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: *Gary R Weaver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95

813-726-2250