

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S41953 (8)**

1. Corporation Name  
**GULF AIR SALES AND SERVICE, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**804 3RD AVE. SOUTH 804 3RD AVE. SOUTH  
TERRA VERDE FL 33715 TERRA VERDE FL 33715**

3. Date incorporated or Qualified **03/29/1991** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address  
21 26

4. FEI Number **59-3073565** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
23 28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent  
**HANSEN, ROBERT H.  
804 3RD AVE. SOUTH  
TERRA VERDE FL 33715**

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 consent to the appointment of Section 607.0505, Florida Statutes.

SIGNATURE Robert H. Hansen DATE **4/15/94**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

| 12. OFFICERS AND DIRECTORS |                              |
|----------------------------|------------------------------|
| TITLE                      | <b>P</b>                     |
| NAME                       | <b>HANSEN, DORIS M.</b>      |
| STREET ADDRESS             | <b>804 3RD. AVENUE SOUTH</b> |
| CITY - ST - ZIP            | <b>TERRA VERDE FL</b>        |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY - ST - ZIP            |                              |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY - ST - ZIP            |                              |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 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: Doris M. Hansen DATE **4/15/94** **813-867-3590**  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (OPTIONAL FEE \$4)