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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 23, 1996 08:00 AM  
Secretary of State

DOCUMENT # S60550 (8)

1. Corporation Name

GULF COAST TITLE SERVICES, INC.



Principal Place of Business

Mailing Address

~~2753 SR 580-~~  
~~SUITE 204~~  
CLEARWATER FL 04621-

2475 ENTERPRISE RD.  
SUITE 100  
CLEARWATER FL 34623  
US

3. Date Incorporated or Qualified

06/14/1991

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 2475 ENTERPRISE RD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24 34623

25

USA

29

30

4. FEI Number

59-3069272

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOTTLIEB & GOTTLIEB, P.A.  
2475 ENTERPRISE RD. SUITE 100  
SUITE 204  
CLEARWATER FL 34623

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
SD  
GOTTLIEB, JERRY  
STREET ADDRESS  
2475 ENTERPRISE RD. #100  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
TD  
GOTTLIEB, RICHARD  
STREET ADDRESS  
2475 ENTERPRISE RD. #100  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
PD  
WEHLAU, CHERYL  
STREET ADDRESS  
2475 ENTERPRISE RD. #200  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY GOTTLIEB

2/5/96

Daytime Phone #

CR2E034 (12/95)