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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S83702 (8)

1. Corporation Name
~~SUNCOAST WORKSTATIONS, INC.~~
GULFCOAST WORKSTATIONS, INC.

Principal Place of Business	Mailing Address
1301 SEMINOLE BLVD. SUITE 173 LARGO FL 34640	1301 SEMINOLE BLVD. SUITE 173 LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1991
3a. Date of Last Report: 11/15/1994

2. Principal Place of Business	2a. Mailing Address
21 1301 Seminole Blvd.	26 1301 Seminole Blvd.
Suite, Apt. #, etc. 22 Suite 137	Suite, Apt. #, etc. 27 Suite 137
City & State 23 Largo, FL	City & State 28 Largo, FL
Zip / Country 24 34640 / 25 U.S.A.	Zip / Country 29 34640 / 30 U.S.A.

4. FEI Number: 59-3090726 ☐ 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

LAZZARA, RALPH
1301 SEMINOLE BLVD.
SUITE ~~173~~ 137
LARGO FL 34640

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE	P	☒ Change ☐ Addition
NAME	LAZZARO, RALPH	12 NAME	Lazzaro, Ralph	
STREET ADDRESS	1301 SEMINOLE BLVD., #173	13 STREET ADDRESS	1301 Seminole Blvd., #137	
CITY ST ZIP	LARGO FL 34640	14 CITY ST ZIP	Largo, FL 34640	
TITLE		21 TITLE	S	☐ Change ☒ Addition
NAME		22 NAME	Whitsett, Bradley	
STREET ADDRESS		23 STREET ADDRESS	776 El Dorado Dr.	
CITY ST ZIP		24 CITY ST ZIP	Clearwater, FL 34640	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS	000001478060	
CITY ST ZIP		34 CITY ST ZIP	-05/08/95--01011--014	
TITLE		41 TITLE	****200.00	****200.00 Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We 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)(i), 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: Ralph Lazzara 4-19-95 (813) 587-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0371335 CP