FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V16706** **(6)**

1. Corporation Name

GULF COAST PLASTICS INC.

Principal Place of Business	Mailing Address
449 COREY AVENUE ST. PETE BEACH FL 33706	449 COREY AVENUE ST. PETE BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1992
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21: 1400 Commerce, Unit B
22: Suite, Apt. #, etc.
23: City & State: Sarasota, FL
24: Zip
25: Country: USA

2a. Mailing Address
26: P.O. Box 66096
27: Suite, Apt. #, etc.
28: City & State: St Pete Beach, FL
29: Zip: 33706
30: Country: USA

4. FEI Number: 59-3110564 ☐ 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

GOUIN, PHILLIP J
410-G 150TH AVENUE
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name: Gouin Phillip J.
82 Street Address (P.O. Box Number is Not Acceptable): 400 64th Ave
83:
84 City: St Pete Beach FL 85 Zip Code: 33706

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	P	1 1 TITLE	President	☒ Change ☐ Addition
NAME	GOUIN, PHILLIP J	1 2 NAME	Gouin, Phillip J	
STREET ADDRESS	410-G 150TH AVENUE	1 3 STREET ADDRESS	400 64th Ave	
CITY ST ZIP	MADEIRA BEACH FL 33708	1 4 CITY ST ZIP	St Pete Beach, FL 33706	
TITLE	V	2 1 TITLE	Vice President	☒ Change ☐ Addition
NAME	~~ATTAWAY, MARTIE~~	2 2 NAME	Gouin, Phillip S.	
STREET ADDRESS	~~701 POINSETTIA RD., #120~~	2 3 STREET ADDRESS	400 64th Ave	
CITY ST ZIP	~~BELLAIR FL 34616~~	2 4 CITY ST ZIP	St Pete Beach, FL 33706	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		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)(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 with changes, or on an attachment with an address.

SIGNATURE: _____ 5/30/95 813 967-3824
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0307346 CP