## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V17190 1. Corporation Name

**GULF ASSOCIATES, INC.** 

Principal Place of Business

Mailing Address

## **FILED** Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90010 031 \*\*\*150.00



| 02/26/1992         Applied For           2. Principal Place of Business         2a. Mailing Address         4. FEI Number         Applied For           50-3109232         Not Applicable  | 16 BAYWOOD DR<br>PALM HARBOR FL 34683  |                                       | 16 BAYWOOD DR<br>PALM HARBOR FL 34683 |                    |                               | DO NOT WRITE IN THIS SPACE  |   |  |
|--|--|---------------------------------------|---------------------------------------|--------------------|-------------------------------|---|---|--|
| Sulfa, Apt. 4, etc.   Sulfa, Apt. 5, etc.   Sulfa, Apt. 6, etc.  |  |                                       |                                       |                    |                               | 3. Date Incorporated or Qualifed 02/26/1992   |   |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   | 2. Principal Place of Business 2a. Mailing Address   |                                       |                                       |                    |                               | 1 "   | For                                     |  |
| State  | 21   |                                       | 26                                    |                    |                               | <b>59-3109232</b> Not App   | licable                                 |  |
| City & State    28   | Suite, Apt. #, etc.  |                                       | ·····                                 |                    | _                             | E Cortifoate of Status Desired III  |   |  |
| Zip  | City & State   |                                       | ├ <del></del> ┐ -                     |                    |                               |   |   |  |
| EDWARDS, ALAN 16 BAYWOOD DR PALM HARBOR FL 34883  17 Siment Address (P.O. Box Number is Not Acceptable)  18 Otly 18 Otly 19 City 19 Ci   | Zip  |                                       | Zip                                   |                    |                               | Personal Property Tax. ☐ Yes ☐ No   |   |  |
| EDWARDS, ALAN 16 BAYWOOD DR PALM HARBOR FL 34683  82   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the advances of the provisions of Sections 607 0502 and 607 1508. Florida Statutes the advances of the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the appointment as registered agent, and accept the obligations of, Section 607 0505. Florida Statutes, the advances of the appointment as registered agent, and accept the obligations of, Section 607 0505. Florida Statutes, the advances of the appointment as registered agent, and accept the appointment as  |  |                                       |                                       |                    |                               | 10. Name and Address of New Registered Agent  |   |  |
| 16 BAYWOOD DR PALM HARBOR FL 34683  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 ligistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approximent as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the approximent as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the approach of changing lightered agent agent, and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the approach agent a   |  |                                       |                                       | 81                 | Name                          |   |   |  |
| Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE     Signature, typed or primate registered agent agent and time of agents.   (NOTE: Registered Agent signature required when renetating)   DATE  | 16 BAYWOOD DR  |                                       |                                       | 82                 | Street Add                    | ress (P.O. Box Number is Not Acceptable)  | المامد برد                              |  |
| ### PT   | ? PALM   | I HARBOR FL 34683                     |                                       | 83                 |                               | · · · · · · · · · · · · · · · · · · ·   |   |  |
| SIGNATURE Signant. Typed or printed name of Impliance Agent and milited is applicable.  NOTE Respisement Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PT DELETE  1.1 TITLE  PT DELETE  1.1 TITLE  PALM HARBOR FL  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZP  PALM HARBOR FL  1.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.5 TITLE  1.5 TITLE  1.5 TITLE  1.6 BAYWOOD DR  1.5 STREET ADDRESS  CITY-ST-ZP  1.6 Change  1.7 STREET ADDRESS  CITY-ST-ZP  1.7 STREET ADDRESS  CITY-ST-ZP  1.7 STREET ADDRESS  CITY-ST-ZP  1.7 STREET ADDRESS  CITY-ST-ZP  1.8 STREET ADDRESS  3.8 STREET ADDRESS  4.4 CITY-ST-ZP  1.8 STREET ADDRESS  5.5 STREET ADDRES   |  |                                       |                                       | 84                 | City                          | FI 85 Zip Code  | <u> </u>                                |  |
| SIGNATURE     Signature, liped or printed rearend registered agent and tilled applicable   NOTE  | 11. Pursuant t   | to the provisions of Sections 607.05  | 502 and 607.1508, Florida Statutes    | s, the above       | e-named corp<br>the corporati | poration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as register | tered<br>ed                             |  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE  MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREE   | agent. I ar  | n familiar with, and accept the obliq | gations of, Section 607.0505, Flori   | da Statutes        |                               |   |   |  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE  MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREE   | SIGNATURE  |                                       |                                       |                    |                               |   |   |  |
| TITLE  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis   |                                       |                                       |                    | nt signature require          | 33 17/07 13/14/14/19  | <u>, 12</u>                             |  |
| TITLE STREET ADDRESS 16 BAYWOOD DR STREET ADDRESS 17 STREET ADDRESS 18 STREET ADDRES   | 12.  |                                       |                                       |                    |                               |   |   |  |
| 13 STREET ADDRESS  | TITLE  |                                       | □ DECE LE                             |                    |                               |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| CITY_ST_ZIP  | NAME   |                                       |                                       |                    |                               |   |   |  |
| TITLE  | STREET ADDRESS   |                                       |                                       | 1.3 STREET ADDRESS |                               |   |   |  |
| TITLE NAME  \$22 NAME  \$23 STREET ADDRESS  \$24 CITY-ST-ZIP  TITLE NAME  \$32 NAME  \$32 NAME  \$32 NAME  \$32 NAME  \$33 STREET ADDRESS  \$40 CITY-ST-ZIP  TITLE NAME  \$42 NAME  \$42 NAME  \$42 NAME  \$51 NEET ADDRESS  \$51 NEET ADDRESS  \$51 NEET ADDRESS  \$51 NEET ADDRESS  \$52 NAME  \$51 NEET ADDRESS  \$53 STREET ADDRESS  \$53 STREET ADDRESS  \$54 CITY-ST-ZIP  TITLE NAME  \$51 NAME  \$52 NAME  \$53 NAME  \$54 NAME  \$54 NAME  \$55 NAME  \$55 NAM | CITY-ST-ZIP  |                                       |                                       |                    |                               | □ Change □  | 1 Addition                              |  |
| STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP  | TITLE  |                                       | L_I DELETE                            | 2.1 TITLE          |                               |   | J ACCILLOIN (                           |  |
| 2 4 CITY-ST-ZIP  | NAME   |                                       |                                       | 2.2 NAMÉ           |                               |   | 1                                       |  |
| DELETE   DELETE   S.1 TITLE   Change   Addition  | STREET ADDRESS   |                                       |                                       | 2.3 STREET ADDRESS |                               | •   | . 1                                     |  |
| NAME     STREET ADDRESS   SA CITY - ST - ZIP   Change   Addition   | CITY-ST-ZIP  |                                       | . •                                   |                    |                               |   | 1.4.400                                 |  |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP  |  |                                       | ☐ DELETE                              | 3.1 TITLE          |                               | Change L  | ] Addition                              |  |
| 34. CITY-ST-ZIP     34. CITY-ST-ZIP     Change   Addition     Addition   | NAME: A TOTAL OF THE STATE OF T |                                       |                                       | 3.2 NAME           |                               |   |   |  |
| STREET ADDRESS   STRE   | STREET ADDRESS   |                                       |                                       | 3.3 STREET ADDRESS |                               | भ । ६, <b>इ.स.</b>  | 33.3                                    |  |
| TITLE         DELETE         4.1 TITLE         Change * * * Addition         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         Change * * * Addition           TITLE         DELETE         5.1 TITLE         Change * * Addition         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         CITY-ST-ZIP         Change * * Addition           CITY-ST-ZIP         5.1 TITLE         Change * * Addition         Addition           NAME         6.1 TITLE         Change Addition         Addition           NAME         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         Change Addition         Addition  | 7.74   |                                       |                                       | 3.4. CITY-ST-ZIP   |                               | 25.883  | .(le 188)                               |  |
| NAME   |  |                                       | ☐ DELETE                              | 4,1 TITLE          |                               | `⊣ ☐ Change ॐं छि   | J Addition                              |  |
| STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP  |  |                                       |                                       | 4. 2 NAME          |                               |   |   |  |
| A4 CITY-ST-ZIP   |  | DDRESS 4.5                            |                                       | 4.3 STREE          | T ADDRESS                     |   | }                                       |  |
| DELETE   S.1 TITLE   Change   Addition   | • •  |                                       | •                                     | 4.4 CITY-ST-ZIP    |                               |   |   |  |
| NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS           STREET ADDRESS         6.4 CITY-ST-ZIP         6.4 CITY-ST-ZIP  |  | ☐ DELETE 5.1                          |                                       |                    |                               | Change  | Addition                                |  |
| 5.3 STREET ADDRESS   |  |                                       |                                       | 5.2 NAME           |                               |   | 1                                       |  |
| CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         6.4 CITY-ST-ZIP         6.5 CITY-ST-ZIP  |  |                                       |                                       | 5.3 STREE          | T ADDRESS                     |   |   |  |
| TITLE DELETE 6.1 TITLE Change Addition  NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY. ST. 7/P   |  | 0<br>0                                |                                       | 5.4 CITY-S         | T-ZIP                         |   |   |  |
| NAME  52 NAME  53 STREET ADDRESS  54 CTV, ST, ZIP  |  | <u> </u>                              | ☐ DELETE                              | 6.1 TITLE          |                               | ☐ Change  | ] Addition                              |  |
| STREET ADDRESS  6.3 STREET ADDRESS  6.4 CTV. ST. ZIP.  |  | 1. *                                  | 6                                     |                    |                               |   |   |  |
| SINEEL AUDICESS  |  | *                                     |                                       | 6.3 STREE          | TADDRESS                      |   | }                                       |  |
|  | +  |                                       |                                       |                    |                               |   |   |  |

I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Daytime Phone #