

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # V17433 (6)**  
1. Corporation Name  
**GULF COAST TEES AND SCREEN PRINTING, INC.**



Principal Place of Business: **5462 WILLIAMSBURG DR UNIT 1 PUNTA GORDA FL 33982**  
Mailing Address: **5462 WILLIAMSBURG DR UNIT 1 PUNTA GORDA FL 33982**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/27/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
21		26		4. FEI Number <b>65-0316919</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WOLFE, SUSAN G. 1775 INDUSTRIAL PARK UNIT 7 PUNTA GORDA FL</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when removing agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITILE	<b>T</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFE, SUSAN G</b>	1.2 NAME	
STREET ADDRESS	<b>23045 ALABASTER AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT CHARLOTTE FL 33952</b>	1.4 CITY - ST - ZIP	
TITILE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFE, CHARLES H</b>	2.2 NAME	
STREET ADDRESS	<b>23045 ALABASTER AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT CHARLOTTE FL 33952</b>	2.4 CITY - ST - ZIP	
TITILE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROLLER, VIRGINIA</b>	3.2 NAME	
STREET ADDRESS	<b>5150 RIVERSIDE RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PUNTA GORDA FL 33982</b>	3.4 CITY - ST - ZIP	
TITILE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITILE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITILE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan G. Wolfe* **8-6-96** **941-639-4082**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed or Printed)

CR2E034 (3/96)