

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V62167 (4)

1. Corporation Name  
GULF COAST INSURANCE SERVICES, INC.

Principal Place of Business

650 N TAMiami TRAIL  
OSPREY FL 34229  
US

Mailing Address

650 N TAMiami TRAIL  
OSPREY . 34229-8834  
US



3. Date Incorporated or Qualified  
09/01/1992

3a. Date of Last Report

02/27/1996

4. FEI Number

65-0352967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

PUSZAKOWSKI, RICK S.  
650 N TAMiami TRAIL  
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name  
RICK S. PUSZAKOWSKI  
82 Street Address (P.O. Box Number is Not Acceptable)  
101 CHARDIN DRIVE  
CHARDIN  
83  
84 City  
NOKOMIS FL 85 Zip Code  
34275

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

4/29/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	STD			<input type="checkbox"/>
	PUSZAKOWSKI, RICK S.	650 N TAMiami TRAIL	OSPREY FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	STD			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2	PUSZAKOWSKI, RICK S.	101 CHARDIN DRIVE	CHARDIN DR.			
1.3						
1.4						
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2						
2.3						
2.4						
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2						
3.3						
3.4						
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2						
4.3						
4.4						
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2						
5.3						
5.4						
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2						
6.3						
6.4						

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICK S. PUSZAKOWSKI

4/29/97

Date

Daytime Phone #

CR2E034 (9/96)