

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000065355

**Entity Name:** GULF COAST CONTROL SYSTEMS INC.

**Current Principal Place of Business:**

8545 YUKON COURT  
SAINT JAMES CITY, FL 33956

**Current Mailing Address:**

8545 YUKON COURT  
SAINT JAMES CITY, FL 33956 US

**FEI Number: 88-3849545**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOMPKINS, JAMES R  
8545 YUKON COURT  
SAINT JAMES CITY, FL 33956 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: JAMES R TOMPKINS**

**04/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name TOMPKINS, JAMES  
Address 8545 YUKON COURT  
City-State-Zip: SAINT JAMES CITY FL 33956

Title P  
Name TOMPKINS, JAMES  
Address 8545 YUKON COURT  
City-State-Zip: SAINT JAMES CITY FL 33956

Title TREA  
Name TOMPKINS, JAMES  
Address 8545 YUKON COURT  
City-State-Zip: SAINT JAMES CITY FL 33956

Title SECY  
Name TOMPKINS, JAMES  
Address 8545 YUKON COURT  
City-State-Zip: SAINT JAMES CITY FL 33956

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES R TOMPKINS**

**PRESIDENT**

**04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date