


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90030 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000003461**

1. Corporation Name  
**GULF COAST BUILDERS EXCHANGE, INC.**

Principal Place of Business 5922 CATTLEMEN LANE, STE. 202 SARASOTA FL 34232	Mailing Address P.O. BOX 3168 SARASOTA FL 34230
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2. Principal Place of Business 21 <b>1487 Second Street</b> Suite, Apt. #, etc. 22 <b>Suite B</b> City & State 23 <b>Sarasota, FL</b> Zip 24 <b>34236-4911</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>1487 Second Street</b> Suite, Apt. #, etc. 27 <b>Suite B</b> City & State 28 <b>Sarasota, FL</b> Zip 29 <b>34236-4911</b> 30 <b>USA</b>	3. Date Incorporated or Qualified 06/12/1998	4. FEI Number 65-0847186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

HOWARD, ROBERT L  
 5514 ROLLINGWOOD DR.  
 SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name **J. Michael Bell**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1487 Second Street**  
 83 **Suite B**  
 84 City **Sarasota** FL 85 Zip Code **34236**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE J. Michael Bell DATE **4-21-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE	<b>C/D</b>		
1.2 NAME	<b>J. Michael Bell</b>		
1.3 STREET ADDRESS	<b>6900 Professional Parkway East, Ste. 100</b>		
1.4 CITY-ST-ZIP	<b>Sarasota, FL 34240</b>		
2.1 TITLE	<b>1st Vice C/D</b>		
2.2 NAME	<b>Wayne M. Holt</b>		
2.3 STREET ADDRESS	<b>741 S. Orange Avenue</b>		
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34236</b>		
3.1 TITLE	<b>2nd Vice C/D</b>		
3.2 NAME	<b>Stephen W. Thompson</b>		
3.3 STREET ADDRESS	<b>1205 Manatee Avenue West</b>		
3.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>		
4.1 TITLE	<b>T/D</b>		
4.2 NAME	<b>Brian Hennessey</b>		
4.3 STREET ADDRESS	<b>4301 32nd Street West, Ste. A-11</b>		
4.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>		
5.1 TITLE	<b>S/D</b>		
5.2 NAME	<b>Donald F. McDonough</b>		
5.3 STREET ADDRESS	<b>6468 Parkland Drive</b>		
5.4 CITY-ST-ZIP	<b>Sarasota, FL 34243</b>		
6.1 TITLE	<b>D</b>		
6.2 NAME	<b>Steve J. Anderson</b>		
6.3 STREET ADDRESS	<b>4233 Clark Road, Ste. 25</b>		
6.4 CITY-ST-ZIP	<b>Sarasota, FL 34233</b>		

14. 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 617, 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: J. Michael Bell DATE: **4-21-99** 907-6900

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574888-90049-3

DOCUMENT # N98000003461  
 1. Corporation Name  
**GULF COAST BUILDERS EXCHANGE, INC.**

Principal Place of Business 5922 CATTLEMEN LANE, STE. 202 SARASOTA FL 34232	Mailing Address P.O. BOX 3168 SARASOTA FL 34230
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2. Principal Place of Business 21 <b>1487 Second Street</b> Suite, Apt. #, etc. 22 <b>Suite B</b> City & State 23 <b>Sarasota, FL</b> Zip 24 <b>34236-4911</b>	2a. Mailing Address 26 <b>1487 Second Street</b> Suite, Apt. #, etc. 27 <b>Suite B</b> City & State 28 <b>Sarasota, FL</b> Zip 29 <b>34236-4911</b>	3. Date Incorporated or Qualified <b>06/12/1998</b>	4. FEI Number <b>65-0847186</b>	Applied For <input type="checkbox"/> Not Applicable
Country <b>USA</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Trust Fund Contribution

9. Name and Address of Current Registered Agent <b>HOWARD, ROBERT L 5514 ROLLINGWOOD DR. SARASOTA FL 34232</b>	10. Name and Address of New Registered Agent 81 Name <b>J. Michael Bell</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1487 Second Street</b> 83 <b>Suite B</b> 84 City <b>Sarasota</b> FL 85 Zip Code <b>34236</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: J. Michael Bell DATE: **4-21-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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GULF COAST BUILDERS EXCHANGE, INC.

Principal Place of Business

5922 CATTLEMEN LANE, STE. 202 SARASOTA FL 34232

Mailing Address

P.O. BOX 3168 SARASOTA FL 34230



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1487 Second Street	26 1487 Second Street	06/12/1998
22 Suite, Apt. #, etc. Suite B	27 Suite, Apt. #, etc. Suite B	4. FEI Number 65-0847186
23 City & State Sarasota, FL	28 City & State Sarasota, FL	Applied For Not Applicable
24 Zip 34236-4911 25 Country USA	29 Zip 34236-4911 30 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D Craig Rule
STREET ADDRESS		1.3 STREET ADDRESS	1695 10th Street, Ste. 122
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D Richard A. Stehle
STREET ADDRESS		2.3 STREET ADDRESS	2212 Whitfield Park Loop
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D Thomas R. Walter
STREET ADDRESS		3.3 STREET ADDRESS	2 N. Tamiami Trail, Ste. 206
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input type="checkbox"/> DELETE	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	
TITLE	<input type="checkbox"/> DELETE	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	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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