

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L89506 (4)**

1. Corporation Name

**GULFCOAST CONTRACTOR'S MATERIAL & MECHANICAL SUPPLIES, INC.**



Principal Place of Business

Mailing Address

4261 - 112TH TERR N.  
CLEARWATER FL 34622

4261 - 112TH TERR N.  
CLEARWATER FL 34622

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/18/1990

3a. Date of Last Report

04/11/1995

4. FFI Number

59-2038391

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81

Name

Angelo Di Salvatore

82

Street Address (P.O. Box Number is Not Acceptable)

11327 43rd St N

83

84

City

Clearwater

FL

85

Zip Code

34622

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 of Officer or Director

DATE Registered Agent's Signature Entered on Form

DATE

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | ST                      | <input type="checkbox"/> DELETE |
| NAME           | FABRIZI, RICHARD JOHN   |                                 |
| STREET ADDRESS | 6001 - 51ST ST. SOUTH   |                                 |
| CITY- ST- ZIP  | ST. PETERSBURG FL       |                                 |
| TITLE          | P                       | <input type="checkbox"/> DELETE |
| NAME           | DI SALVATORE, ANGELO J. |                                 |
| STREET ADDRESS | 2769 VALENCIA LANE WEST |                                 |
| CITY- ST- ZIP  | PALM HARBOR, FL 34684   |                                 |
| TITLE          | V                       | <input type="checkbox"/> DELETE |
| NAME           | MARCIANO, FRANKLIN A.   |                                 |
| STREET ADDRESS | 840 -49TH AVENUE NORTH  |                                 |
| CITY- ST- ZIP  | ST. PETERSBURG FL       |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY- ST- ZIP   |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY- ST- ZIP   |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY- ST- ZIP  |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY- ST- ZIP  |   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |   |
| 19. STREET ADDRESS |   |
| 20. CITY- ST- ZIP  |   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY- ST- ZIP  |   |
| 25. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 26. NAME           |   |
| 27. STREET ADDRESS |   |
| 28. CITY- ST- ZIP  |   |

600001769586  
-04/04/96--01080--021  
\*\*\*208.75

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)(b), 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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo Di Salvatore

(813) 577-2468

CR2E034 (12/95)