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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 439333

(6)

GULF COAST BUILDING CONTRACTORS, INC.

FILED Mar 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- I 108311 01006 ANIA (0103 IVER HIND ANIA 01)	ill mimai modek mimil mim	in gibn ibh
1010 N 12TH AVENUE		1010 N 12TH AVENUE	· · · · · · · · · · · · · · · · · · ·				
SUITE 201		SUITE 201					
PENSACOLA FL 32501		PENSACOLA FL 32501		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualified			
# D1:-::-1D					11/05/1973	·	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		pplied For
Suite, Apt. #, etc.		Suite Apl # etc			59-1490047		ot Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State		6 Floring Constant Floring			
23		28		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country		Zip Country		8. This corporation owes or has paid th			
24 25		29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name and Address of New Regist	ered Agent	
RIT	rz, stephen f		8	Name			
1010 N 12TH AVENUE , SUITE 201				Stroot Addr	ress (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32501			8	Street Addi	ress (r.o. box Normber is Not Acceptable)		
			83	3		**********	
			84	1 65			
			6"	City	•	FL 85 Zip (Code
11. Pursuant to the provisions of Soctions 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 Usrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family with, and accept the change of the statutes.							
agent. I am Iamillar with, and accept the obligation of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or ponted name of aggregation agree	nt and title if applicable (NOTE	Dogisland A	ant signature see in	3/3 red when reinstating)	<u>/</u> 98	
12.	OFFICERS AND	A 18 / 18 / 18 / 18 / 18 / 18 / 18 / 18	13.	yen signature tegon	ADDITIONS/CHANGES TO OFFICERS		3S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	ritz, stephen f		1.2 NAME				
STREET ADDRESS	4040 81 40711 8187 #044		1.3 STREE	T ADDRESS			[
CITY-ST-ZIP	PENSACOLA FL 32501	A FL 32501		ST-ZIP			}
TITLE	\$	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition C
NAME	Barrett, Margaret P		2.2 NAME]			
STREET ADDRESS	OJEO DANGENI DONE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	LILLIAM AL 36549		2.4 CITY	-ST-ZIP	ser 😼	2	
TITLE		DELETE 311				Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
City-St-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE 4.1 T				Change	Addition
NAME			4. 2 NAM	.			ŀ
STREET ADDRESS	ET ADDRESS		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	DELETE 5.1		5.1 TITLE			Change	Addition
NAME '			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP	T		
TITLE		TT DETELE	6 1 TITLE			Change	☐ Addition
NAME			6.2 NAME	,			
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP	postile that the information	the string different adaptation and account of the	6.4 CITY-		Section 110 07/3Vi) Florida Statutos I furth		

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 enrural report or suppliented arrundal 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.

CICMATUDE.

Stephen F. Ritz