2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2017
Secretary of State
CC8021366391

DOCUMENT# L14000176345

Entity Name: COASTAL CONSTRUCTION PRODUCTS, LLC

Current Principal Place of Business:

3401 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207

Current Mailing Address:

3401 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207

FEI Number: 47-2313676

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEFFIELD, DAVID H.
3401 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 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: DAVID H. SHEFFIELD 02/21/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER, CFO, SECRETARY
Name	SHEFFIELD, DAVID
Address	3401 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	MANAGER, COO
Name	HEUSEL, DAVID
Address	3401 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	MANAGER
Name	HAMMEL, WILLIAM J
Address	3401 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	MANAGER
Name	ALLCORN, FRANK W IV
Address	3401 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	MANAGER, PRESIDENT, CEO
Name	HARRELL, MARTIN
Address	3401 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	MANAGER, EXECUTIVE VICE PRESIDENT
Name	HEUSEL, GARY
Address	3401 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	MANAGER
Name	HARRELL, WILLIAM
Address	3401 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	MANAGER
Name	CAVEN, JOHN W JR.
Address	3401 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Continues on page 2

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID H. SHEFFIELD CFO 02/21/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name SALVATORE, JOHN A
Address 3401 PHILIPS HIGHWAY
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name RIDGE, ALAN
Address 3401 PHILIPS HIGHWAY
City-State-Zip: JACKSONVILLE FL 32207

Title MANAGER
Name FUSTES, CARSON A.
Address 3401 PHILIPS HIGHWAY
City-State-Zip: JACKSONVILLE FL 32207