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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 312960 1. Corporation Name

STREET ADDRESS

GULF COAST PAVING AND GRADING, INC.

Principal Place of Business Mailing Address						, E	
7320 HAYWARD AVE		7320 HAYWARD AVE					
P.O. BOX 36040		P.O. BOX 36040 PENSACOLA FL 32516		DO NOT WRITE IN THIS SPACE			
PENSACOLA FL 32516		PENSACOLA PL 32316	PENSAGOCA FE 32310		3. Date Incorporated or Qualifed		
					01/19/1967		ŀ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21		26			59-1158986	No	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired X	\$8.75 A	
22		27			5. Geraleate of Gradus Bosines 25	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23		28	Country		Trust Fund Contribution	Added t	o rees
Zip	Country	Zip	Country		This corporation owes the current year In     Personal Property Tax.	tangibie □ Yes	□No
24	9. Name and Address of Currer	29 30	- T -		10. Name and Address of New Registered		
	3. Name and Address of Curren	it registered rigetit	81	Name			
	s,gerald d				ress (P.O. Box Number is Not Acceptable)		
7320 HAYWOOD STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)		1
PEN	SACOLA FL 32506		83				
			84	City		85 Zip (	Onde -
			1	,	FL poration submits this statement for the purpose of	_	
SIGNATURE	Signature, typed or printed name of registered age	int and title it applicable INOTE Regi	stered Age	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTC	PRS IN 12
TITLE	PD	DELETE	1 TITLE			☐ Change	Addition
NAME	MILLS,GERALD D		1 2 NAME				
STREET ADDRESS	TOOK HANNAGOD CEDELL	1	13 STREE	T ADDRESS			}
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-S	T-ZIP			_
TITLE	ST DELETE 21TH		2 1 TITLE			Change	Addition
NAME	MILLS, PATRICIA A.		2 2 NAME				ļ
STREET ADDRESS			23 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		Change	Addition
TITLE	DENNICK MADY I	☐ DELETE	3 . TITLE	i		_ Louande	JAGGRON
NAME	BENNICK, MARY L 1106 REVERE DRIVE	Î	32 NAME	7 +000050E			
STREET ADDRESS	PENSACOLA FL	i i		T ADDRESS			
CITY-ST-ZIP TITLE	PENSACOLA I L		3 4 CITY-5 4 1 TITLE	51 · ZIP		Change	Addition
NAME		_ <u> </u>	4 2 NAME				Ì
STREET ADDRESS		j		TADDRESS			
CITY-ST-ZIP		<b>I</b>	4.4 CITY-S		_		
TITLE		☐ DELETE	5 1 TITLE			Change	Addition
NAME			5 2 NAME				j
STREET ADDRESS			53STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE			6 1 TITLE 6 2 NAME			Change	Addition

6.3 STREET ADDRESS

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 607. 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.

Mary L. Bennick

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90081 047 \*\*\*158.75