2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM **DOCUMENT # 312960 Secretary of State** GULF COAST PAVING AND GRADING, INC. Mailing Address Principal Place of Business 7320 HAYWARD AVE P.O. BOX 36040 PENSACOLA FL 32516 7320 HAYWARD AVE P.O. BOX 36040 PENSACOLA FL 32516 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-1158986 Not Applicat: Country \$8.75 Additional ZΦ Country Żιρ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLS,GERALD D Street Address (P.O. Box Number is Not Acceptable) 7320 HAYWOOD STREET PENSACOLA FL 32506 City Zip Cade FL 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature regulard when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete TITLE TITLE U000000415423 NAME NAME MILLS, GERALD D 02/11/06-80080-007 158.75 STREET ADDRESS STREET ADDRESS 7320 HAYWOOD STREET CITY-ST-7IP CITY-ST-7IP PENSACOLA FL Change Am... Delete TITLE ST TITLE NAME. MILLS, PATRICIA A. NAME STREET ADDRESS STREET ADDRESS 7320 HAYWOOD STREET CITY - ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE Delete Change Aut. NAME BENNICK, MARY L NAME STREET ADDRESS STREET ADDRESS 1106 REVERE DRIVE CITY-ST-ZIP CITY - ST- ZIP PENSACOLA FL ☐ Change ☐ Aix ☐ Detete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete T)T) F Change TITLE MAME MAAAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addi ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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SIGNATURE: Mary L. Bennick Vice Pres 1/26/06 850-456-8611

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 direction 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 10 or Block.