2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Bennick, Vice President

Mar 09, 2007 08:00 AM **DOCUMENT # 312960** 1. Entity Name **Secretary of State** GULF COAST PAVING AND GRADING, INC. Principal Place of Business Mailing Address 7320 HAYWARD AVE 7320 HAYWARD AVE P.O. BOX 36040 P.O. BOX 36040 PENSACOLA FL 32516 PENSACOLA FL 32516 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1158986 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLS, GERALD D 7320 HAYWOOD STREET Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32506 City Zip Code 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 Signature, typed or priviled name of registered agent and title i applicable (NOTE: Registered Agant signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. PD um ☐ Delete Change ■ Addrlion DHE MILLS.GERALD D NAME NAMI 7320 HAYWOOD STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY+ST-ZIP CITY-ST-ZIP U000008660542 Change Addition 03/20/07-80004-022 150.00 ST THEF ☐ Delete HILE MILLS, PATRICIA A. NAME NAME 7320 HAYWOOD STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL CHY-SI-ZIP CHY-S1-ZIP 11111. ☐ Delete HILE Change Addition NAMI BENNICK, MARY L NAME STREET ADDRESS 1106 REVERE DRIVE STREET ADDRESS PÊNSACOLA FL CITY-ST-7IP CHY-ST-ZIP шш ☐ Delete Change Addition NAMI. NAMI STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-ST-7IP Delete Addition HILL mu Change NAMI NAME STREET ADDRESS STREET ADDRESS CIJY-S1-7IP CITY - S1 - 7IP ☐ Delete me ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP 12. I horeby 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 early; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED