

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **450312** (4)

1. Corporation Name

**GULF COAST BUILDING MATERIALS OF CHARLOTTE COUNT
Y, INC.**

Principal Place of Business

**250 CARMALITA ST.
PUNTA GORDA FL 33950-5612**

Mailing Address

**P.O. BOX 788
PUNTA GORDA FL 33950
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 **P.O. BOX 848
PUNTA GORDA FLA 33951**

27 City & State

28 **PUNTA GORDA FLA**

29 **33951** 30 **CHARLOTTE**

3. Date Incorporated or Qualified

04/12/1974

3a. Date of Last Report

01/27/1995

4. FEI Number

59-1532255

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LORICCO, CARLO J
503 N SHORE DRIVE
CHARLOTTE HARBOR FL 33950**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Corporation or other person authorized to sign

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	LORICCO, CARLO J	
STREET ADDRESS	503 N SHORE DRIVE	
CITY-STATE-ZIP	CHARLOTTE HBR FL	
TITLE	PO	☐ DELETE
NAME	JOINER, JOHN B. JR.	
STREET ADDRESS	6415 N JONES LOOP RD	
CITY-STATE-ZIP	PUNTA GORDA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

John B. Joiner Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN B. JOINER JR. - PRESIDENT

2-8-96

Date

941-637-1390

Telephone Number

CR2E034 (12/95)