

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 649276 (3)

1. Corporation Name

GULF COAST BUILDING MATERIALS, INC.



Principal Place of Business

Mailing Address

613 SCHOOL AVE.
P. O. BOX 3497
SARASOTA FL 34230
US

613 SCHOOL AVE.
P. O. BOX 3497
SARASOTA FL 34230
US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/26/1979	06/08/1995
4. FEI Number	Applied For Not Applicable
59-1988704	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON, JOSEPH
613 SCHOOL AVE.
SARASOTA FL 34237

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 607.1501, 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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed) of registered agent or director if applicable

Signature (typed or printed) of Agent or Director if applicable

DATE

Joseph M. Carson

4/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGER, GARY L	1.2 NAME	
STREET ADDRESS	720 BUCKSKIN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	POST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, JOSEPH	2.2 NAME	
STREET ADDRESS	613 SCHOOL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEM, T RICHARD	3.2 NAME	
STREET ADDRESS	613 SCHOOL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAHRAUS, ROY	4.2 NAME	
STREET ADDRESS	613 SCHOOL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEGENGA, JOAN	5.2 NAME	Director
STREET ADDRESS	613 SCHOOL AVE.	5.3 STREET ADDRESS	Michael R. Hobson
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	613 School Ave.
TITLE		6.1 TITLE	Sarasota, FL 34230
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Carson

4/15/96

Date

Daytime Phone #

CR2E034 (12/95)