

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

FILED

**Mar 31 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 649276 (3)
1. Corporation Name
GULF COAST BUILDING MATERIALS, INC.



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|---|--|
| Principal Place of Business 613 SCHOOL AVE. P. O. BOX 3497 SARASOTA FL 34230 US | Mailing Address 613 SCHOOL AVE. P. O. BOX 3497 SARASOTA FL 34230-3497 US |
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|--|--|--|--|
| 2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip | 3. Date Incorporated or Qualified 12/26/1979 | 3a. Date of Last Report 04/23/1996 |
| 24 Country | 25 Country | 29 Country | 30 Country |

| | |
|--|--|
| 4. FEI Number 59-1988704 | Applied For <input type="checkbox"/> Not Applicable |
| 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 | |

| | | | | | | | |
|--|--|--|--|--|--|--------------------|--|
| 9. Name and Address of Current Registered Agent CARSON, JOSEPH 613 SCHOOL AVE. SARASOTA FL 34237 | | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | VD <input type="checkbox"/> DELETE | 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 | PDST <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOBSON, MICHAEL R. | 5.2 NAME | |
| STREET ADDRESS | 613 SCHOOL AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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.

SIGNATURE: Joseph M. Carson **03/26/97 (941)955-0632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)