

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90135 050 \*\*\*150.00

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DOCUMENT # 833955

1. Corporation Name

GULF COAST BUILDING AND SUPPLY COMPANY OF THE SO  
UTHEAST, INC.

Principal Place of Business

COLONIAL BANKCENTRE  
41 NORTH BELTLINE HIGHWAY  
MOBILE AL. 36608-1201  
US

Mailing Address

P O BOX 160306  
MOBILE AL. 36616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1975

4. FEI Number

63-0676341

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

~~DICKSON, MAX L.~~  
~~3298 SUMMIT BLVD #18~~  
~~PENSACOLA FL 32503~~

10. Name and Address of New Registered Agent

81 Name

Joseph J. Campus III

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

3298 Summit Blvd. #18

83

84 City

Pensacola

FL

85 Zip Code

32505

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CAMPUS III, JOSEPH J  
STREET ADDRESS 41 NORTH BELTLINE HIGHWAY  
CITY-ST-ZIP MOBILE AL. 36608

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS SAINT, JOHN B.  
CITY-ST-ZIP 41 NORTH BELTLINE HIGHWAY  
MOBILE AL. 36608

TITLE ☐ DELETE

NAME S  
STREET ADDRESS WESCH, PAUL C  
CITY-ST-ZIP 41 NORTH BELTLINE HIGHWAY  
MOBILE AL. 36608

TITLE ☐ DELETE

NAME T  
STREET ADDRESS ISHEE, WILLIAM H  
CITY-ST-ZIP 41 NORTH BELTLINE HWY  
MOBILE AL 36608

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS KELLY DONALD P JR  
CITY-ST-ZIP 41 NORTH BELTLINE HIGHWAY  
MOBILE AL 36608

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS STEFAN, CHESTER J  
CITY-ST-ZIP 41 NORTH BELTLINE HIGHWAY  
MOBILE AL 36608

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)