

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90044 016 ***150.00

DOCUMENT # F95000002984

1. Corporation Name

GULF SOUTH FRAMING SUPPLIES, INC.



Principal Place of Business

139 LAKE LANSING ROAD
SUITE 210
E LANSING MI 48823

Mailing Address

139 LAKE LANSING ROAD
SUITE 210
E LANSING MI 48823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

72-0876182

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

21 612 Ware Blvd.

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

Country

24 33619

25

2a. Mailing Address

26 1701 N. Greenville

Suite, Apt. #, etc.

27 Ste. 400

City & State

28 Richardson TX

Zip

Country

29 75081

30

9. Name and Address of Current Registered Agent

ASH, JAMES A
612 WARE BLVD.
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

RICK TROXELL

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

612 WARE BLVD.

83

84 City

TAMPA

FL

85 Zip Code

33619

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 PCD ☐ DELETE

NAME POPE, MICHAEL A
STREET ADDRESS 139 LAKE LANSING RD.
CITY-ST-ZIP E. LANSING MI

TITLE V ☐ DELETE

NAME POPE, CRAIG M
STREET ADDRESS 139 LAKE LANSING RD.
CITY-ST-ZIP E. LANSING MI

TITLE ST ☒ DELETE

NAME MORENCE, KARLA K
STREET ADDRESS 139 LAKE LANSING RD.
CITY-ST-ZIP E. LANSING MI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1701 N. GREENVILLE AVE. #400
1.4 CITY-ST-ZIP RICHARDSON, TEXAS 75081

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1701 N. GREENVILLE AVE #400
2.4 CITY-ST-ZIP RICHARDSON, TEXAS 75081

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME UP - FINANCE
3.3 STREET ADDRESS LINDA BRISCOE
3.4 CITY-ST-ZIP 1701 N. GREENVILLE AVE #400
RICHARDSON, TEXAS 75081

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: Linda Briscoe Linda Briscoe

3/4/99

972-671-5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)