

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90034 030 \*\*\*150.00

**DOCUMENT # G86346**

1. Entity Name

GULF ATLANTIC CULVERT CO., INC.



Principal Place of Business

5344 GATEWAY DR.  
P.O. BOX 4002  
TALLAHASSEE FL 32303-6842

Mailing Address

PO BOX 4926 N/A  
MACON GA 31208  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2380195

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, STELLA F  
2059 OSCAR HARVEY ROAD  
TALLAHASSEE FL 32310

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WALLACE, STELLA F  
STREET ADDRESS 2059 OSCAR HARVEY ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME JARRARD, HOWELL  
STREET ADDRESS 509 OLD CLUB ROAD, SOUTH  
CITY-ST-ZIP MACON GA 31210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS ☐ Delete  
NAME MCCOOK, JAMES W., III  
STREET ADDRESS 322 RIVERBEND COURT  
CITY-ST-ZIP MACON GA 31211

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVT ☐ Delete  
NAME MCCOOK, THOMAS H.  
STREET ADDRESS 4848 BRITTANY DR.  
CITY-ST-ZIP MACON GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME JARRARD, ROBERT  
STREET ADDRESS 4405 OLD CLUB ROAD  
CITY-ST-ZIP MACON GA 31210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Jarrard* ROBERT JARRARD - V.P.

3-2A-06

478-743-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #