

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86346

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: GULF ATLANTIC CULVERT CO., INC.

## Current Principal Place of Business:

5344 GATEWAY DR.  
P.O. BOX 4002  
TALLAHASSEE, FL 323036842

## New Principal Place of Business:

5344 GATEWAY DR.  
TALLAHASSEE, FL 32303

## Current Mailing Address:

PO BOX 4926 N/A  
MACON, GA 31208 US

## New Mailing Address:

PO BOX 4926  
MACON, GA 31208 US

FEI Number: 59-2380195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, STELLA F  
2059 OSCAR HARVEY ROAD  
TALLAHASSEE, FL 32310 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALLACE, STELLA F  
Address: 2059 OSCAR HARVEY ROAD  
City-St-Zip: TALLAHASSEE, FL 32310

Title: DVS ( ) Delete  
Name: MCCOOK, JAMES W., II, I  
Address: 322 RIVERBEND COURT  
City-St-Zip: MACON, GA 31211

Title: DVT ( ) Delete  
Name: MCCOOK, THOMAS H.,  
Address: 4848 BRITTANY DR.  
City-St-Zip: MACON, GA

Title: V ( ) Delete  
Name: JARRARD, ROBERT  
Address: 4405 OLD CLUB RD  
City-St-Zip: MACON, GA 31210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JARRARD

VP

03/18/2009

Electronic Signature of Signing Officer or Director

Date