

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J19329 (8)

1. Corporation Name

GULF COAST LUMBER AND SUPPLY, INC.



Principal Place of Business

Mailing Address

GULF COAST LUMBER
P.O. BOX 597
WOODVILLE FL 32362
US

C/O COAST LUMBER AND SUPPLY, INC.
NATURAL BRIDGE ROAD
WOODVILLE FL
US

3. Date Incorporated or Qualified
06/13/1986

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21. GULF COAST LUMBER

26. GULF COAST LUMBER

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 9141 WOODVILLE HWY

27. P.O. BOX 597

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23. WOODVILLE, FL

28. WOODVILLE, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24. 32362

25. LEON

29. 32362

30. LEON

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, WILLIAM D.
NATURAL BRIDGE ROAD
WOODVILLE FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEWIS, WILLIAM D.
STREET ADDRESS NATURAL BRIDGE ROAD
CITY-ST-ZIP WOODVILLE FL ☐ DELETE

1. 1 TITLE ☐ Change ☐ Addition

TITLE S
NAME LEWIS, JULIA R.
STREET ADDRESS NATURAL BRIDGE RD
CITY-ST-ZIP WOODVILLE FL ☐ DELETE

1. 2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1. 3 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1. 4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2. 1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature and typed or printed name of signing officer or director

2-6-96

Date

Daytime Phone #

904 421-1231

CR2E034 (12/95)