

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L50239** (7)

1. Corporation Name

**GULF COAST MASON COMPANY OF FL.**



Principal Place of Business

Mailing Address

**16880 GATOR ROAD  
SUITE 103  
FORT MYERS FL 33912**

**16880 GATOR ROAD  
SUITE 103  
FORT MYERS FL 33912**

3. Date Incorporated or Qualified

**02/06/1990**

3a. Date of Last Report

**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5671 DIVISION DRIVE**

26 **P.O. BOX 50945**

Suite, Apt #, etc

Suite, Apt #, etc

4. FEI Number

**65-0183564**

Applied For  
Not Applicable

22 City & State

23 **FT MYERS, FL**

27 City & State

28 **FT MYERS, FL**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24 Zip

**33994**

Country

**LEE**

29 Zip

**33994**

Country

**LEE**

9. Name and Address of Current Registered Agent

**BROWN, ROBERT W.  
16880 GATOR ROAD, SUITE 103  
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**5671 DIVISION DRIVE**

83

84 City **FT MYERS**

**FL**

85 Zip Code  
**33994**

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 the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**PVPS**

NAME

**BROWN, ROBERT W.**

STREET ADDRESS

**16880 GATOR RD. #103**

CITY-ST-ZIP

**FORT MYERS FL 33912**

TITLE

**T**

NAME

**BROWN, ROBERT W.**

STREET ADDRESS

**16880 GATOR RD. #103**

CITY-ST-ZIP

**FORT MYERS FL 33912**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

**5671 DIVISION DRIVE**

1.4 CITY-ST-ZIP

**FT MYERS, FL 33994**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

**5671 DIVISION DRIVE**

2.4 CITY-ST-ZIP

**FT MYERS, FL 33994**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, 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

Date

Daytime Phone #

CR2E034 (3/96)