

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
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90045 042 ***158.75

DOCUMENT # L50239

1. Corporation Name

GULF COAST MASON COMPANY OF FL.

Principal Place of Business

5671 DIVISION DRIVE
FORT MYERS FL 33994
US

Mailing Address

P.O. BOX 50945
FORT MYERS FL 33994
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1990

4. FEI Number

65-0183564

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 2510-1 ROCKFILL RD

2a. Mailing Address

26 2510-1 ROCKFILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. MYERS, FL

City & State

28 FT. MYERS, FL

Zip

Country

24 33916

25 Lec

Zip

Country

29 33916

30 Lec

9. Name and Address of Current Registered Agent

BROWN, ROBERT W.
5671 DIVISION DRIVE
FORT MYERS FL 33994

10. Name and Address of New Registered Agent

81 Name

Robert W. Brown

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

83

2510-1 ROCKFILL ROAD

84 City

FT. MYERS

FL

85 Zip Code

33916

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

Robert W. Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

TITLE PVPS
NAME BROWN, ROBERT W.
STREET ADDRESS 5671 DIVISION DRIVE
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE T
NAME BROWN, ROBERT W.
STREET ADDRESS 5671 DIVISION DRIVE
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE



Change



Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2510-1 ROCKFILL ROAD
FT. MYERS, FL 33916

2.1 TITLE



Change



Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2510-1 ROCKFILL ROAD
FT. MYERS, FL 33916

3.1 TITLE



Change



Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP



Change



Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP



Change



Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP



Change



Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

941-334-8800

Daytime Phone #

CR2E034 (11/98)