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 # L89506 (4)

1. Corporation Name

GULFCOAST CONTRACTOR'S MATERIAL & MECHANICAL SUP PLIES, INC.

Principal Place of Business
4261 - 112TH TERR N.
CLEARWATER FL 34622

Mailing Address
4261 - 112TH TERR N.
CLEARWATER FL 34622

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-2038391 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

~~ENGLANDER & FISCHER, P.A.~~
~~6000 - 22ND AVENUE NORTH~~
~~SUITE 300~~
~~ST. PETERSBURG FL 33710~~

10. Name and Address of New Registered Agent

81 Name: Angelo DiSalvatore
82 Street Address (P.O. Box Number is Not Acceptable): 11327 43rd St N
83
84 City: Clearwater FL 85 Zip Code: 34622

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] Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	[ ] DELETE
NAME	FABRIZI, RICHARD JOHN	
STREET ADDRESS	6001 - 51ST ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	[ ] DELETE
NAME	DI SALVATORE, ANGELO J.	
STREET ADDRESS	2769 VALENCIA LANE WEST	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	V	[ ] DELETE
NAME	MARCIANO, FRANKLIN A.	
STREET ADDRESS	840 -49TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
2.1 TITLE		[ ] Change [ ] Addition
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		

600001769586
-04/04/96--01080--021
***208.75

CR2E034 (12/95)

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] Angelo D. Salvatore (813)577-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #