FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 27 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P16051 (5) COASTAL MATERIALS OF ALABAMA, INC. Mailing Address Principal Place of Business PO BOX 447 157 JOHN SIMS PARKWAY VALPARAISO FL 32580 VALPARAISO FL 32580 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1385139 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Zip Zip Country X Yes Personal Property Tax due June 30. □ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FLEMING, CAROLYN D **500 GULFSHORE DRIVE** Street Address (P.O. Box Number is Not Acceptable) **UNIT 622** 83 DESTIN FL 32541 Zip Code 84 City 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE TITLE FLEMING, CAROLYN D. NAME 1.2 NAME **500 GULF SHORE DRIVE** 1.3 STREET ADDRESS STREET ADDRESS **DESTIN FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE FLEMING, WILLIAM M 2.2 NAME NAME 500 GULFSHORE DR., #622 2.3 STREET ADDRESS STREET ADDRESS DESTIN FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME KAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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

CITY - ST - ZIP

Block 12 or Block 13 if changed, or on an attachment with an address

FILED