

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000065492 (8)**

1. Corporation Name

GULF COAST SIDING SUPPLY, INC.



Principal Place of Business

Mailing Address

12 W. BALDWIN AVE.
DEFUNIAK SPRINGS FL 32433

12 W. BALDWIN AVE.
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

2a. Mailing Address

21 2430 Industrial Dr.
State, Apt. #, etc.

26 2430 Industrial Dr.
State, Apt. #, etc.

22 PANAMA city
City & State

27 PANAMA city
City & State

23 Florida
Zip

28 Fla.
Zip

24 32405 Country
25 BAY

29 32405 Country
30 BAY

3. Date Incorporated or Qualified
09/06/1994

3a. Date of Last Report
04/18/1995

4. FEI Number
59-3262928

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

9. Name and Address of Current Registered Agent

**DOTSON, RAINEY C
12 W. BALDWIN AVE.
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
756 Baldwin Ave
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when changing registered office)

Signature of Agent (Required when changing registered office)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOTSON, RAINEY C	
STREET ADDRESS	12 W. BALDWIN AVE.	
CITY-STATE-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOTSON, NELDA A	
STREET ADDRESS	12 W. BALDWIN AVE.	
CITY-STATE-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	756 Baldwin Ave
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	756 Baldwin Ave
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 supplementary 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 unchanged, or on an attached report with an address.

SIGNATURE:

R. Dotson **RAINEY C DOTSON**

1-24-96

904-892-9598

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)