

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

FILED

**Apr 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000065492 (8)

1. Corporation Name
GULF COAST SIDING SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2430 INDUSTRIAL DR
PANAMA CITY FL 32405
US**

Mailing Address
**2430 INDUSTRIAL DR.
PANAMA CITY FL 32405
US**

3. Date Incorporated or Qualified
09/06/1994

2. Principal Place of Business
21 2227 Seagrest Ct
Suite, Apt. #, etc.

2a. Mailing Address
26 2227 Seagrest Ct
Suite, Apt. #, etc.

22 City & State
PANAMA City, FL

23 City & State
PANAMA City, FL

24 Zip
32405

25 Country
US

27 City & State
PANAMA City, FL

28 City & State
PANAMA City, FL

29 Zip
32405

30 Country
US

4. FEI Number
59-3262928

Applied For
 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 or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**DOTSON, RAINEY C
756 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)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DOTSON, RAINEY C | |
| STREET ADDRESS | 135 SHORELINE CIRCLE | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | DOTSON, NELDA A | |
| STREET ADDRESS | 135 SHORELINE CIR | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIS, JAMES | |
| STREET ADDRESS | 138 Shoreline Circle | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | D DAVIS, JAMES |
| 3.3 STREET ADDRESS | 138 Shoreline Circle |
| 3.4 CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32433 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | D COOK, JAMES |
| 4.3 STREET ADDRESS | 1051 Arbor Drive |
| 4.4 CITY-ST-ZIP | PANAMA City, FL 32401 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *[Signature]* **Rainey C. Dotson** 4-16-98 8508929598

CR2E034 (10/97)