

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000017426 (4)

1. Corporation Name
GULFCOAST DECKING, INC.

Principal Place of Business 613 2ND ST. #3 INDIAN ROCKS BEACH FL 34635	Mailing Address 613 2ND ST. #3 INDIAN ROCKS BEACH FL 33785-2607
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1995	3a. Date of Last Report 04/19/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-3303458	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**EANES, REBECCA
36426 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

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

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EANES, JAMES	
STREET ADDRESS	613 2ND ST., #3	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN	
STREET ADDRESS	613 2ND ST., #3	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 34635	
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	SECRETARY
3.3 STREET ADDRESS	WILLIAM MCKNIGHT
3.4 CITY - ST - ZIP	430 5TH STREET NORTHWEST LARGO, FLORIDA 33770
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do 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: *John Sullivan* **JOHN SULLIVAN PRESIDENT**

4/29/97 813-596-3495

Date

Daytime Phone #

CR2E034 (9/96)