

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90045 035 ***158.75

0059763

DOCUMENT # P95000096287

1. Corporation Name

GULF COMMUNICATION CONTRACTORS, INC.

Principal Place of Business

670 E. NELSON AVENUE
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

670 E. NELSON STREET
DEFUNIAK SPRINGS FL 32433
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1995

4. FEI Number

59-3352274

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **3590 US Hwy 331S**

Suite, Apt. #, etc.

22 **Suite 101**

City & State

23 **Defuniak Springs, FL**

Zip Country

24 **32433**

25 **US**

2a. Mailing Address

26 **3590 US Hwy 331S**

Suite, Apt. #, etc.

27 **Suite 101**

City & State

28 **Defuniak Springs, FL**

Zip Country

29 **32433**

30 **US**

9. Name and Address of Current Registered Agent

CAMPBELL, JANET B
876 HILL ST.
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

Janet B Campbell

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
CAMPBELL, JANET B
STREET ADDRESS **876 HILL ST.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ DELETE

NAME **ST**
CAMPBELL, KIMBERLY
STREET ADDRESS **878 HILL ST.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE ☐ DELETE

NAME **VP**
Rob Campbell
STREET ADDRESS **876 Hill Street DFS, FL 32433**
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE: *Janet B Campbell* **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

850 951-1117

Daytime Phone #

CR2E034 (11/98)