

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91347 013 ***158.75

DOCUMENT # P95000096287

1. Entity Name

GULF COMMUNICATION CONTRACTORS, INC.

Principal Place of Business

**3590 US HWY 331S
 STE 101
 DEFUNIAK SPRINGS FL 32433
 US**

Mailing Address

**3590 US HWY 331S
 STE 101
 DEFUNIAK SPRINGS FL 32433
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

32435

Zip

Country

32435

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, JANET B
 876 HILL ST.
 DEFUNIAK SPRINGS FL 32433**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
32435

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Janet B. Campbell

Janet B. Campbell

04-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **S** ☒ Change ☐ Addition
 NAME **CAMPBELL, KIMBERLY**
 STREET ADDRESS **351 NITA DRIVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **VP** ☐ Delete
 NAME **CAMPBELL, BOB**
 STREET ADDRESS **876 HILL ST**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
 NAME **HICKS, STEVE A.**
 STREET ADDRESS **301 Edgewood Road**
 CITY-ST-ZIP **DeFuniak Spg, FL 32433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Campbell

Kimberly Campbell

04-30-01

850-951-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)