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May 16 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 # P96000013808 (6)

1. Corporation Name
GULF COAST SUPPORT SURFACES, INC.



Principal Place of Business

Mailing Address

600 49TH ST N, SUITE D-1
ST PETERSBURG FL 33710

600 49TH ST N, SUITE D-1
ST PETERSBURG FL 33710-7300

2. Principal Place of Business

2a. Mailing Address

21 4554 Central Ave

26 4554 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite E

27 Suite E

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33710

25 USA

29 33711

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUZBEE, BRADLEY P
2516 W HIAWATHA ST
TAMPA FL 33614

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BUZBEE, BRADLEY P
STREET ADDRESS 600 49TH ST N, SUITE D-1
CITY-ST-ZIP ST PETERSBURG FL 33710

1.1 TITLE D/P
1.2 NAME Buzbee, Bradley P.
1.3 STREET ADDRESS 4554 Central Ave, Suite E
1.4 CITY-ST-ZIP St. Petersburg, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE JAMES J. HORNE
2.2 NAME James J. Horne
2.3 STREET ADDRESS 4554 Central Ave, Suite E
2.4 CITY-ST-ZIP St. Petersburg, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: *Bradley P. Buzbee* President
Signature, typed or printed name of signing officer or director Date 5/7/97 (813) 327-1918 Daytime Phone #

CR2E034 (9/96)