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Feb 07 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 # P96000018638 (2)

1. Corporation Name
GULF COAST MASONRY, INC.

Principal Place of Business
8109 MONTICELLO DRIVE
PENSACOLA FL 32514

Mailing Address
8109 MONTICELLO DRIVE
PENSACOLA FL 32514-6873



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/27/1996

3a. Date of Last Report

4. FEI Number

59-3364119

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

CLARK, DANIEL WILLIAM
8109 MONTICELLO DRIVE
PENSACOLA FL 32514

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 DANIEL W. CLARK, SECRETARY/TREASURER

(NOTE: Registered agent signature required when reinstating)

1-22-97
DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/SECRETARY
NAME DOUGLAS M. POOLE
STREET ADDRESS 7129 CHAREL STREET
CITY, ST, ZIP PENSACOLA, FLORIDA 32504

TITLE ~~MANAGING~~ DIRECTOR
NAME DANIEL W. CLARK
STREET ADDRESS 8109 MONTICELLO DRIVE
CITY, ST, ZIP PENSACOLA, FLORIDA 32514

TITLE ~~MR~~
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - DIRECTOR ☒ Change ☐ Addition
1.2 NAME DOUGLAS M. POOLE
1.3 STREET ADDRESS 7129 CHAREL STREET
1.4 CITY-ST-ZIP PENSACOLA, FLORIDA 32504

2.1 TITLE SECRETARY/TREASURER-DIRECTOR ☒ Change ☐ Addition
2.2 NAME DANIEL W. CLARK
2.3 STREET ADDRESS 8109 MONTICELLO DRIVE
2.4 CITY-ST-ZIP PENSACOLA, FLORIDA 32514

3.1 TITLE FIRST VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME RICKY W. KELLEY
3.3 STREET ADDRESS 9324 MEASANT HOME ROAD
3.4 CITY-ST-ZIP HOLY, FLORIDA 32564

4.1 TITLE
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 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 included 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: DANIEL W. CLARK

1-22-97 904-479-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)