5-13-97 B- 7091 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021650 (2)

GULFSIDE RIVER ROCK RESEALS. INC.

Principal Place of Business Mailing Address 4728 WEST ANITA BOULEVARD 4728 WEST ANITA BOULEVARD TAMPA FL 33611 TAMPA FL 33611-1118 3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u>59-3368763</u> 26 Not Applicable Sulte, Apt. #, etc. Suite. Ant. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, 24 Yes No 29 **Florida Statutes** 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUVALL, SCOTT A 4728 WEST ANITA BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33611** 83 84 City 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, typed or printed name of registered agent and tale if applicable (NOTE: Hogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD TITLE DELETE 1.1 TITLE ☐ Change Addition DUVALL, SCOTT A NAME 1.2 NAME 4728 WEST ANITA BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change ☐ Addition TITLE 2.1 TO LE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELFTE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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 eath; that I am an officer or director of the comporation 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.

DELETE

4/20/00 812 822-2071

☐ Change

Addition

FILED

May 13 1997 8:00am

Secretary of State