PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000044278

GULF COAST MASTERCRETE, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90240 017 ***150.00

Principal Place of	Business	Mailing	Mailing Address					-			
2708 SEALARK LANE	<u> </u>	2708 SEAL	2708 SEALARK LANE								
MILTON FL 32583		MILTON F	MILTON FL 32583					DO NOT WOITE IN THE COLOR			
							Į	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	\neg		
							Ì	05/19/1997			
2. Principal Place of Business 2			2a. Mailing Address					4. FEI Number \$4.34\$7382 Applied For	\dashv		
21	O Dualiesa	} <u>-</u>	26				1	APPLIED FOR Not Applicable	-		
Suite, Apt. #, e	etc.		Suite, Apt. #, etc.					\$8.75 Additional	-		
22		- - - □	27				- (5. Certificate of Status Desired Fee Required	-		
City & State			City & State					6. Election Campaign Financing S5.00 May Be	┥.		
23		28	28				İ	Trust Fund Contribution Added to Fees			
Zip	Country	Zip	·					8. This corporation owes the current year Intangible	7		
24	25	29	29 30					Personal Property Tax. ✓☐ Yes ☐ No	_		
	. Name and Address of Curr	ent Registered	Agent					10. Name and Address of New Registered Agent			
	A****				81	Name					
HUSTON, STEVEN D				į	82	Street A	ddras	ss (P.O. Box Number is Not Acceptable)	┥		
2708 SEALARK LANE MILTON FL 32583				, OZ Sileel Addi				sas (1.0, box Holliber is Hot Neceptable)			
MILION	FL 32583				83						
			*		84	City		85 Zip Code			
						•		F <u>L</u> <u> </u>			
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								•	}		
	ature, typed or printed name of registered a	ent and title if applica	ple. (NOTE: I	Registered	Agent	t signature red	quired w	when reinstating) DATE	l 6		
12.	OFFICERS A	ND DIRECTOR		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ {		
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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 anyattachment with any address, with all gifter like empowered.

SIGNATURE:

850-994-5363