

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

02-23-1999 90040 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000070288

1. Corporation Name
GULF COAST METAL FABRICATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**710 HOLSBERRY PL
 PENSACOLA FL 32534**

Mailing Address
**710 HOLSBERRY PL
 PENSACOLA FL 32534**

3. Date Incorporated or Qualified
08/13/1997

2. Principal Place of Business
21

2a. Mailing Address
26 650 Holsberry Pl.

4. FEI Number
59-3481439

Applied For
 Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23 Pensacola. FL.

City & State
28 Pensacola. FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 25

Zip Country
29 32534 30 Escambia

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**PARKERSON, JAMES W IV.
 710 HOLSBERRY PL
 PENSACOLA FL 32534**

10. Name and Address of New Registered Agent

81 Name
Lisa A. Simmons

82 Street Address (P.O. Box Number is Not Acceptable)
650 Holsberry Pl.

83

84 City
Pensacola

85 Zip Code
FL 32534

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 Lisa A. Simmons Pres. 1/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKERSON, JAMES W IV.	
STREET ADDRESS	710 HOLSBERRY PL	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lisa A Simmons	
1.3 STREET ADDRESS	650 Holsberry Pl.	
1.4 CITY-ST-ZIP	Pensacola, FL. 32534	
2.1 TITLE	V - T - S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M.E. Simmons	
2.3 STREET ADDRESS	650 Holsberry Pl.	
2.4 CITY-ST-ZIP	Pensacola, FL. 32534	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 an attachment with an address, with all other like empowered.

SIGNATURE [Signature] 1/7/99 850-494-9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)