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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90200 017 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000087787

1. Corporation Name

GULF COAST DRYWALL & STUCCO, INC.

Principal Place of Business

12680 EAGLE ROAD
CAPE CORAL FL 33909

Mailing Address

12680 EAGLE ROAD
CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

65-0869707

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 17341-B Allico Center Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 17341-B Allico Center Rd

Suite, Apt. #, etc.

City & State

23 Ft. Myers Florida

Zip

Country

24 33912

25 U.S.A.

City & State

28 Ft. Myers FL

Zip

Country

29 33912

30 U.S.A

9. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE D
NAME CASMAN, DAVID M
STREET ADDRESS 2422 SOUTHEAST 28TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D
NAME VELTRE, JOAN
STREET ADDRESS 12680 EAGLE ROAD
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE D
NAME BOWMAN, W T
STREET ADDRESS 1801 BRANTLY ROAD #307
CITY-ST-ZIP FORT MYERS FL 33907

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

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 2/9/99

Date

Daytime Phone #

944 431-9488

CR2E034 (11/98)