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Secretary of State

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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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 12680 EAGLE ROAD
 CAPE CORAL FL 33909

Mailing Address
 12680 EAGLE ROAD
 CAPE CORAL FL 33909

3. Date Incorporated or Qualified
10/13/1998

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.

4. FEI Number
65-0869707

Applied For
 Not Applicable

22
 City & State
 23 **Ft. Myers Florida**

27
 City & State
 28 **Ft. Myers Fl.**

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

24 **33912** 25 **U.S.A.**
 Zip Country

29 **33912** 30 **U.S.A.**
 Zip Country

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASMAN, DAVID M	1.2 NAME	
STREET ADDRESS	2422 SOUTHEAST 28TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTRE, JOAN	2.2 NAME	
STREET ADDRESS	12680 EAGLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, W T	3.2 NAME	DIRECTOR BOWMAN W.T.
STREET ADDRESS	1801 BRANTLY ROAD #307	3.3 STREET ADDRESS	6268 WESTSHORE DR
CITY-ST-ZIP	FORT MYERS FL 33907	3.4 CITY-ST-ZIP	FT MYERS, Fla 33907
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Joan Veltre **FILED 2/9/99** **944 431-9488**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)