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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90093 003 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V27526**

1. Corporation Name  
**GULF COAST FIBRES, INC.**

Principal Place of Business  
**5504 E GIDDENS AVE  
 TAMPA FL 33610**

Mailing Address  
**P.O. BOX 3437  
 TAMPA FL 33601**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/09/1992**

4. FEI Number  
**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 **442 W. KENNEDY BLVD.** 26

22 **312** 27

23 **TAMPA, FL** 28

24 **33606** 25 **HILLSBOROUGH** 29

9. Name and Address of Current Registered Agent

**GOUGH, ROBERT B III  
 101 E KENNEDY BLVD  
 SUITE 3700  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **Laura Prather**

82 Street Address (P.O. Box Number is Not Acceptable)  
**101 E Kennedy Blvd.**

83 **Suite 2700**

84 City **TAMPA FL** 85 Zip Code **33602**

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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE **5/1/99**

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **P. WARD, BARRY T.**  
 STREET ADDRESS **4408 W. SEVILLA ST.**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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]* DATE **5/1/99**

CR2E034 (1/98)