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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V51768 (2)
1. Corporation Name
GULF COAST MATERIALS, INC.



Principal Place of Business Mailing Address
POB 747 POB 747
LAUREL FL 34272 LAUREL FL 34272-0747

3. Date Incorporated or Qualified 07/17/1992 3a. Date of Last Report 07/03/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 61-1235457 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent LAFOLLETTE, CHARLES T.
500 GREEN ROAD
LAUREL FL 34272
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D SMITH, R. GENE DELETE
NAME 133 S 3RD ST #500
STREET ADDRESS LOUISVILLE KY
CITY-ST-ZIP
TITLE D FRANCIS, SAMUEL S. DELETE
NAME 2508 MT MORIAH RD
STREET ADDRESS SUMMER SHADE KY
CITY-ST-ZIP
TITLE P LAFOLLETTE, CHARLES T. DELETE
NAME 500 GREEN ROAD
STREET ADDRESS LAUREL FL
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.1 TITLE President Change Addition
1.2 NAME Hollis D. Smith
1.3 STREET ADDRESS 101 South Fifth Street, Suite 3600
1.4 CITY-ST-ZIP Louisville, Ky 40202
2.1 TITLE Secretary / Treasurer Change Addition
2.2 NAME Angela Criscillis
2.3 STREET ADDRESS 101 South Fifth Street, Suite 3600
2.4 CITY-ST-ZIP Louisville, Ky 40202
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

14. I do 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.

SIGNATURE: [Signature] 1297 04/11/97 5123

CR2E034 (9/96)