

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J19329

Entity Name: GULF COAST LUMBER AND SUPPLY, INC.**Current Principal Place of Business:**GULF COAST LUMBER
9141 WOODVILLE HWY
WOODVILLE, FL 32362**Current Mailing Address:**GULF COAST LUMBER
P O BOX 597
WOODVILLE, FL 32362 US**FEI Number:** 59-2311541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEWIS, WILLIAM D.
5831 NATURAL BRIDGE ROAD
TALLAHASSEE, FL US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	LEWIS, WILLIAM D.
Address	5831 NATURAL BRIDGE ROAD
City-State-Zip:	TALLAHASSEE FL

Title	S
Name	LEWIS, JULIA R.
Address	5831 NATURAL BRIDGE RD
City-State-Zip:	TALLAHASSEE FL

Title	VP
Name	LEWIS, CHRIS DORMAN
Address	P.O. BOX 597
City-State-Zip:	WOODVILLE FL 32362

Title	VP
Name	LEWIS, LEE MICHAEL
Address	P.O. BOX 597
City-State-Zip:	WOODVILLE FL 32362

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM D LEWIS

PD

01/20/2023

Electronic Signature of Signing Officer/Director Detail_____
Date