

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # H05603

1. Corporation Name  
GATOR GYPSUM, INC.

Principal Place of Business

3904 ADAMO DRIVE  
TAMPA FL 33605-2902

Mailing Address

3904 ADAMO DRIVE  
TAMPA FL 33605-2902

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90093 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1984

4. FEI Number

59-2410846

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SWEET, GERALD R  
3904 ADAMO DRIVE  
TAMPA FL 33605-2902

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
REW, C. JOHN  
15720 W. 108TH SUITE 200  
LENEXA KS ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REW, RICK J.  
15720 W. 108TH SUITE 200  
LENEXA KS ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
SWEET, GERALD R  
3904 ADAMO DR  
TAMPA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WHITCOMB, RICHARD A.  
464 BISHOP STREET NW  
ATLANTA GA ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MUELLER, RICHARD K.  
464 BISHOP STREET NW  
ATLANTA GA ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
President / Director ☒ Change ☐ Addition  
Richard K. Mueller  
1825 Fellowship Road  
Tucker, GA 30084

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Sec/Treasure / Director ☒ Change ☐ Addition  
Richard A. Whitcomb  
1825 Fellowship Road  
Tucker, GA 30084

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Vice President / Director ☒ Change ☐ Addition  
Gerald R. Sweet  
3904 Adamo Drive  
Tampa, FL 33605-2902

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Vice President / Director ☐ Change ☒ Addition  
G. Michael Callahan, Jr.  
1825 Fellowship Road  
Tucker, GA 30084

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Assistant Secretary ☐ Change ☒ Addition  
Bernard J. Beumer  
1825 Fellowship Road  
Tucker, GA 30084

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

Assistant Secretary

1/21/99

Date

(770) 939-1711

Daytime Phone #

CR2E034 (11/98)