

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 22 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M67029

(2)

1. Corporation Name

~~GULF COAST TOYOTA, INC.~~ RON SAMUELS TOYOTA, INC.
D/B/A GULF COAST TOYOTA

Principal Place of Business

6130 N. PENSACOLA BLVD
PENSACOLA FL 32505

Mailing Address

6130 N. PENSACOLA BLVD
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1988

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

4. FEI Number

59-2869905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

WILTSHIRE, W.H.F.
201 EAST GOVERNMENT STREET
PENSACOLA FL 32598

10. Name and Address of Now 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 the if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DPST
SAMUELS, RON
4141 MADURA
GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

800001522218
-06/23/95--01079--002
***225.00 ***225.00

☐ Change ☐ Addition

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14. I, Ron Samuels, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 without address.

SIGNATURE:

Ron Samuels

904 477 6614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR