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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 153168

(0)

Mailing Address

GULF COAST MOTOR LINE, INC.

FILED
May 01 1997 8:00am
Secretary of State

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6890 142ND AVENUE NORTH LARGO FL 34641				6890 142ND AVENUE NORTH LARGO FL 33771-4723								
							3. Date Incorporated or Qualified 11/18/1947	te of La 9/199	of Last Report			
2. Principal P	Place of Busine	— <u>`</u> 1	2a. Mailing Address				4. FEI Number 59-0579311			Applied For		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75 Additional				
22			27	— ' ' '				5. Certificate of Status Desired Fee Required				
City & State 23			City & S 28	City & State				Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees			
Zip 24	Country 7ip Country 25 29 30						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No DR-601 (C) 10. Name and Address of New Registered Agent FTLED					
CACI	FAI, ANDRE	and Address of Cur	rent Hegistered Aç	ent .		81	Name	10. Name and Address of New Re	gistered A	gent	FILED	
6890 142ND AVENUE N. LARGO FL 34641						82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
					ļ	83						
					ţ·	64	City		FL	85	Zip Code	
11. Pursuant	to the provision	ons of Sections 607.0	0502 and 607.1508,	Florida Statute	es, the ab	l	-named cor	poration submits this statement for the p	urpose of	1 1 changii	ng its registered	
office or r	registered age im familiar wit	ent, or both, in the St n, and accept the of	ate of Florida. Such digations of, Section	change was a n 607.0505, Flo	uthorized rida State	l by iles	the corpora	ation's board of directors. I hereby accep	t the appo	ointmen	t as registered	
SIGNATURE												
40	Signature, lyped o	r printed name of registered		e (NOTE		Agei	nt signature requ	ared when reinstaling)	DATE	DIDEO	1000 11110	
12.	I V	OFFICERS	AND DIRECTORS	DELETE	18. 1.1 10	 LF		ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Char		
NAME	SASFAI, AI	NDREW R.			1.2 NA						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS		D AVENUEN.			1.3 ST	dEF1	ADDRESS					
CITY-ST-ZIP	LARGO FL				1.4 CIT	Y-S1	1 - 2 1P					
TITLE	PT	AA07		DELETE	2.1 111	LĚ				Char	ige 🔲 Addition	
NAME	HENRY, FF	vank Dav e nue n.			2.2 NA	ME						
STREET ADDRESS	LARGO FL	D AVENUE N.					ADDRESS				:	
CITY-ST-ZIP TITLE	S			DELETE	2. 4 C/ 3.1 T/T		1 - ZIP			Char	nge Addition	
NAME	HENRY, DO	DROTHEA	•		3.2 NA					L., Onai	igo Ell riddillon	
STREET ADDRESS		D AVENUE N.					ADDRESS					
CITY-ST-ZIP	LARGO FL				3.4. CH							
TITLE	AS			DELETE	4.1 1(1	LE				Char	ige Addition	
NAME		V. STANLEY			4.2 NA	Mí						
STREET ADDRESS	6890 142N	d avenue n.			4.3 \$16	REET.	ADDRESS					
CITY-ST-ZIP	בייועט וינ	• • • • • • • • • • • • • • • • • • • •		DELETE	4.4 CIT		- ZIP			Obc	ge Addition	
TITLE NAME			l	☐ DELFTE	5.1 TIT 5.2 NAI					Char	ige L Addillion	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					5.4 CH							
TITLE				DELETE	6,1 TIT		-"-			Char	ige Addition	
NAME					6 2 NAI	ME						
STREET ADDRESS					6.3 S16	REE1 a	ADDRESS					
CITY-ST-ZIP					6.4 CH	Y - S1	- 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 logal 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.