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

PROFIT CORPORATION ANNUAL REPORT **19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

GULF COAST MOTOR LINE, INC.

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FILED Apr 10 1998 8:00am Secretary of State

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rincipal Place (of Business	Mailing Addre	Mailing Address			4.8() 6.4() 6.2() 8.8() (4.6)			
8890 142ND AVENUE NORTH LARGO FL 34641		6890 142ND AVENUE NORTH LARGO FL 34641		DO NOT WRITE IN THIS SPACE					
	_					Date Incorporated or Qualified 11/18/1947			
Principal Place of Business		2a, Mailing Ad	2a, Mailing Address			4. FEI Number	Applied For		
		26				59-0579311	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	е			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	30	untry			X Yes 🔲 No		
	9. Name and Address of Cu	rrent Registered Agen	1			10. Name and Address of New Registered	Agent DR601 (C)		
	FAI, ANDREW R.			81	Name		FILED		
6890 142ND AVENUE N. LARGO FL 34641					Street Addr	ddress (P.O. Box Number is Not Acceptable)			
				83		 -			
				84	City		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 a	m familiar with, and accept the obligatio	ins of, Section 607.0505, Flo	rida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent a	od ute d applicable (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			D DIRECTOR:	S IN 12
TITLE	V	DELETE	1.1 TITLE			Change	Addition
NAME	SASFAI, ANDREW R.		1.2 NAME				
STREET ADDRESS	6890 142ND AVENUEN.		1.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP				
TITLE	PT	DELETE	2.1 TITLE			Change	Addition
NAME	HENRY, FRANK		2.2 NAME				
STREET ADDRESS	6890 142ND AVENUE N.		2.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL		2. 4 CITY - ST - ZIP				
TITLE	S	DELETE	3.1 TITLE			Change	Addition
NAME	HENRY, DOROTHEA		3.2 NAME				
STREET ADDRESS	6890 142ND AVENUE N.		3.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL		3 4. CITY - ST - ZIP				
TITLE	AS	☐ DEL e te	4 1 TITLE			☐ Change	Addition
NAME	JOHNSON, V. STANLEY		4.2 NAME				
STREET ADDRESS	6890 142ND AVENUE N.		4.3 STREFT ADDRESS				
CITY-ST-ZiP	LARGO FL		4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME	**		6.2 NAME				
STREET ADDRESS	2,		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. Thereby 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:

3/30/98