

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

FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 270383 (3)
 1. Corporation Name
GULF COAST AUTO SUPPLY INC

Principal Place of Business 2129 RINGLING BLVD. SARASOTA FL 34237	Mailing Address 2129 RINGLING BLVD. SARASOTA FL 34237-7003
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 05/23/1963	3a. Date of Last Report 04/29/1996
4. FEI Number 59-1005704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WEYANT, RICHARD L.
2129 RINGLING BLVD.
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name **MACY, WILLIAM**
82 Street Address (P.O. Box Number is Not Acceptable)
2129 RINGLING BLVD.
83
84 City **SARASOTA** **FL** **85** Zip Code **34237**

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]* **WILLIAM MACY, PRESIDENT** **4-25-97.**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEYANT, RICHARD L.	
STREET ADDRESS	2129 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DRAGOVICH, ANN (ASSITAN)	
STREET ADDRESS	1333-35 EISENHOWER BLVD.	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, ELDON E., JR.	
STREET ADDRESS	2129 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SCHONEK, W. E.	
STREET ADDRESS	123 FAIRFIELD AVE.	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARKOW, RICHARD	
STREET ADDRESS	1017 PINLAND AVE	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACY, WILLIAM	
STREET ADDRESS	2129 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA, FL 34237	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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.

CR2E034 (9/96)