

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90016 013 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **320372**

1. Corporation Name  
**WEST COAST FREIGHT INC**

Principal Place of Business

**2308 36TH STREET  
TAMPA FL 33605**

Mailing Address

**2308 36TH STREET  
TAMPA FL 33605**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/22/1967**

4. FEI Number

**59-1211613**

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.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**MAURER, JOHN W.  
3314 FOX SQUIRREL LN  
VALRICO FL 33549**

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MAURER, JOY C</b>
STREET ADDRESS	<b>1317 ALCOMA DRIVE</b>
CITY-ST-ZIP	<b>BRANDON FL 33510</b>
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE
NAME	<b>MAURER, JOHN W</b>
STREET ADDRESS	<b>1317 ALCOMA DRIVE</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>MAURER, JR., JOHN W.</b>
STREET ADDRESS	<b>1317 ALCOMA DRIVE</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>MAURER, GEORGE C.</b>
STREET ADDRESS	<b>1317 AMARYLLIS DR</b>
CITY-ST-ZIP	<b>BRANDON FL 33510</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 REQUIRED**

**4-17-99**

Date

**- 813-247-5628**

Daytime Phone #

CR2E034 (11/98)