

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 376150 (9)

1. Corporation Name

GULF COAST LIFT TRUCK COMPANY, INC.



Principal Place of Business

3807 15TH AVE
PO BOX 76033
TAMPA FL 33675

Mailing Address

3807 15TH AVE
PO BOX 76033
TAMPA FL 33675

3. Date Incorporated or Qualified
01/26/1971

3a. Date of Last Report
09/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 76033

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 Tampa FL

24 Zip 25 Country 29 33675 30 H: 11s

4. FET Number

59-1312362

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, JOSEPH
3409 PITWOOD ROAD
VALRICO FL 33594

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 filer to be applied)

(Date) (Signature, typed or printed name of registered agent and filer to be applied)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
GARCIA, JOSEPH
3409 PITWOOD RD
VALRICO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST
GARCIA, HILDA
3409 PITWOOD RD
VALRICO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2. TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3. TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4. TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5. TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6. TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sandra B. Morham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96

813-621-4613

CR2E034 (12/95)