FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:07

DOCUMENT # F94000004906 (3)

1. Corporation Name
SUN COAST EXPRESS, INC.

Principal Place of Business	Mailing Address
C/O SUN COAST AUTO PARTS. INC. 232 DEL PRADO BLVD. CAPE CORAL FL 33990	C/O SUN COAST AUTO PARTS. INC. 232 DEL PRADO BLVD. CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 155 Progress Cir Venice FL 34293

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: ~~APPLIED FOR~~ 65-0521798 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	RIGONI, MICHAEL G	1.2 NAME		
STREET ADDRESS	3117 SE 18TH AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	RIGONI, RICARDO O	2.2 NAME		
STREET ADDRESS	407 SW 37TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	LAUVER, E E	3.2 NAME		
STREET ADDRESS	3000 PAWNEE	3.3. STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	PRESTON, MIKE	4.2 NAME		
STREET ADDRESS	3000 PAWNEE	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP		
TITLE	ASD	5.1 TITLE	Asst Secretary	☒ Change ☐ Addition
NAME	GARFINKEL, RICHARD S	5.2 NAME	Paula Rigoni	
STREET ADDRESS	3000 PAWNEE	5.3 STREET ADDRESS	3117 SE 18th Avenue	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	AT	6.1 TITLE		☐ Change ☐ Addition
NAME	RIGONI, NANCY	6.2 NAME		
STREET ADDRESS	407 SW 37TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	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)(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: Michael Rigoni President 4/4/95 (813)574-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0332126 CP