FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-06-95

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

3-4604

APPROVED AND FILED

95 APR 26 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H20511 (2)

1. Corporation Name

GULFCOAST ACCESSORIES, INC.

Principal Place of Business	Mailing Address
% JOHN CANNON 334 2ND AVE. S. ST. PETERSBURG FL 33701	% JOHN CANNON 334 2ND AVE. S. ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2230 31ST. STREET SO.	26 2230 31ST. STREET SO.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ST. PETERSBURG, FL	28 City & State: ST. PETERSBURG, FL
24 Zip: 33714 25 County: USA PINELLAS Co.	29 Zip: 33714 30 County: USA Pinellas Co.

4. FEI Number: 59-2450725 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANNON, JOHN 334 2ND AVE. S. ST. PETERSBURG FL 33701	81 Name: CANNON JOHN 82 Street Address (P.O. Box Number is Not Acceptable): 2230 31ST. STREET SO. 83 84 City: ST. PETERSBURG, FL 85 Zip Code: 33714

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: JOHN CANNON AVD — John Cannon — 4-13-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVD	1.1 TITLE	☐ Change ☐ Addition
NAME	CANNON, JOHN	1.2 NAME	
STREET ADDRESS	313 TALLAHASSEE DR. NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	BAUMAN, ROBERT A.	2.2 NAME	
STREET ADDRESS	2811 KIPPS COLONY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BAUMAN, MICHAEL C	3.2 NAME	
STREET ADDRESS	1728 WHISKEY CREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	BAUMAN, RONALD T.	4.2 NAME	
STREET ADDRESS	15804 DAWSON RIDGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: John Cannon — 4-13-95 — (813) 327-9096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN CANNON

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