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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # L90731 GULF COAST AUTOMOTIVE DISTRIBUTORS, INC. Principal Place of Business Mailing Address 1713 W CYPRESS ST 1713 W CYPRESS ST TAMPA FL 33606-1015 TAMPA FL 33606-1015 2. Principal Place of Business 2a, Mailing Address 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zip Country Zip 24 25 29 9. Name and Address of Current Registered Agent BIDWELL, RONALD R. 609 AZEELE W **TAMPA FL 33601**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1990 4. FEI Number Applied For 59-3022292 Not Applicable \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes □ No 10. Name and Address of New Registered Agent

^{Zip Code} **3360**ს 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 igent, or both, in the State of Florida Succionange 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 Sections 607.0502 and 607.1508, Florida Statutes. President SIGNATURE .Kutchmire.III ro^eregistered agent and title if app Teabl ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PISIT DELETE Change 111016 TITLE KUTCHMIRE, JOHN EDWARD Kutchmire, John Edward III NAME 1.2 NAME 2505 SUNSET DR. STREET ADDRESS 1.3 STREET ADDRESS 1713 W. Cypress Street TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 21 TITLE WATTS, JAMES ARTHUR NAME 2.2 NAME 18318 HANNA RD. 2 3 STREET ADDRESS STREET ADDRESS tampa fl 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3 1 TITLE KUTCHMIRE, JOHN EDWARD 3.2 NAME NAME 3907 SAN RAFAEL 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - ZIP CITY-ST-ZIP

Country

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14. Thereby 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.

. 2/22/08