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May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000044074 (0)

1. Corporation Name

GULF COAST TRAILER CONNECTION, INC.

Principal Place of Business

162 BAYWIND DRIVE
NICEVILLE FL 32578

Mailing Address

162 BAYWIND DRIVE
NICEVILLE FL 32578-4800



3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Report

04/18/1996

4. FEI Number

59-3250674

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

2. Principal Place of Business

21 110 WISE AV.

Suite, Apt. #, etc.

22 UNIT #5

City & State

23 NICEVILLE, FL.

Zip

24 32578

Country

25 OKALOOSA

2a. Mailing Address

26 110 WISE AV.

Suite, Apt. #, etc.

27 UNIT #5

City & State

28 NICEVILLE, FL.

Zip

29 32578

Country

30 OKALOOSA

9. Name and Address of Current Registered Agent

PERRI, DANIEL C
5 CLIFFORD DRIVE
SUITE 12
SHALIMAR FL 32579

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 STEPHEN DIXON (Pres.)

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

4/5/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME REAY, V R
STREET ADDRESS 162 BAYWIND DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

V.P. PRES.
NAME REAY, V. R.
STREET ADDRESS 162 BAYWIND DR.
CITY-ST-ZIP NICEVILLE, FL. 32578

2.1 TITLE ☐ Change ☒ Addition

PRES. SECT.
NAME DIXON, STEPHEN
STREET ADDRESS P.O. Box 1446 (N/A)
CITY-ST-ZIP SANTA ROSA BCH., FL. 32459

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do 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.

SIGNATURE: STEPHEN DIXON 4/5/97 (904) 729-3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (9/96)