

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

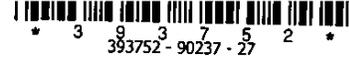
FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90237 027 ***150.00

DOCUMENT # P94000044074

1. Corporation Name Gulf Coast Trailer Connection, Inc.

Principal Place of Business: 113 Bailey Drive Suite 5 Niceville, FL 32578
Mailing Address: 110 Wise Avenue Unit #5 Niceville, FL 32578



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: June 7, 1994
4. FEI Number: 59-32506744
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 162 BAYWIND DR., NICEVILLE, FL 32578
2a. Mailing Address: 162 BAYWIND DR., NICEVILLE, FL 32578

9. Name and Address of Current Registered Agent: Daniel C. Perri, Attorney at Law, 5 Clifford Drive, Shalimar, FL 32579

10. Name and Address of New Registered Agent: BOB REAY, 162 BAYWIND DR., NICEVILLE, FL 32578

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] STEPHEN DIXON (PRES) DATE: 4-11-99

12. OFFICERS AND DIRECTORS
VPT V.R. Reay
PS Stephen Dixon

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: [Signature] STEPHEN DIXON DATE: 4-11-99 DAYTIME PHONE #: 850-650-4629

CR2E034 (11/98)