FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION JAL REPORT 1996		3. Mortham ry of State CORPORATIO	DNS		
1. Corporation	n Name	0049320 (2)				
GULF	COAST TRAILERS, INC.				 	
Principal Place	of Business	Maling Address				90(() OF()) EXELS IN OUR STATE ONLY SENT
7891 N. TAM SARASOTA F	· · · · · · · · · · · · · · · · · · ·	7891 N. TAMIAMI TRAIL SARASOTA FL 34243				
				-	3. Date incorporated or Qualified 07/01/1994	3a. Date of Last Report 01/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0465627	Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.				Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	2ip 29	Country		8. This corporation has liability for in Florida Statutes Yes Yes	
	9. Name and Address of Curre				10. Name and Address of New R	
anau.	IOOFDIL A		81	Name		
SNOW, JOSEPH A 7891 N. TAMIAMI TRAIL				Street Add	lress (P.O. Box Number is Not Acceptabl	ie;
SARASOTA FL 34243						
			84	City		85 Zip Code
44 5			İ	,		FL
Or register	ed agent, or both, in the State of Flori	ida. Such change was authorized	, the above-r I by the corp	iamed corpo pration's boa	ration submits this statement for the purpored of directors. I hereby accept the appo	pose of changing its registered office intrinent as registered agent. I am
SIGNATURE	th, and accept the obligations of, Sec	iion 607.0505, Florida Statutes.				
	Signature, typed or printed name of registeres, agos			l signal in insgrin	of was renstating.	DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	··:	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change
NAME	SNOW, JOSEPH	Carl Octobe	1.2 NAME			Crange Acception
STREET ADDRESS	7851 LONG BAY BLVD		1.3 STREET	ADDRESS		
C-TY - ST - ZIP	SARASOTA FL		1.4 CHY-S	I - Z.F		
TITLE	ST DELETE SNOW, KATHERINE		2 1 T-FLE			Change Addition
NAME STREET ADDRESS	7851 LONG BAY BLVD		2.2 NAME			
C-TY ST-ZIP	SARASOTA FL		2 3 STREET ADDRESS 2 4 CITY - ST - ZIF			
TITLE		☐ DELETE	3 1 THLE	1-211		☐ Change ☐ Addition
NAME			3.2 NAME			
SIREET ADDRESS			33 STREET	ADDRESS:		
CITY-ST-ZIP TITLE	☐ DELETE		3.4 CITY - ST - ZIF 4.1 TULF			
NAME		L bett it	4. F 1012F 4.2 NAME			Change Addition
STREET ADDRESS			4.3 STREET	ADDRESS		
GITY+ST ZIP			4.4 CHY - S			
TITLE		DELFTE	5 1 TITLE			Charige Addition
NAME			5.2 NAME			
STREET AUDIRESS			5.3 STREET			
CITY+ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	-2.F		Change Addition
NAME			6.2 NAME			El orango El Apprent
STREET ADORESS			63 518151	Annorce		

C-TY-ST-ZiP 6.4 C(1Y - \$1 - Z(F) 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)(k), 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 cath; 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: _

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deytone Phone #