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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039381

1. Corporation Name

COASTAL WHOLESALE CARS, INC.

Principal Place of Business	Mailing Address
145 EAST BURGESS ROAD PENSACOLA FL 32504	145 EAST BURGESS ROAD PENSACOLA FL 32504
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FILED Mar 11, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				***************************************			
145 EAST BURGESS ROAD 145 EAST BURGESS ROAD PENSACOLA FL 32504 PENSACOLA FL 32504									
						DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifed			
						05/17/1995			 -
2. Principal P	lace of Business	2a. Mailing Address				FEI Number		 	pplied For
21		26				<u>59-3315978</u>			ot Applicable
Suite, Apt. #, etc.				5.	Certificate of Status Desired		•	Additional equired	
22 27 City & State									
	City & State City & State				1	Election Campaign Financing Trust Fund Contribution			May Be to Fees
23] Zip	Country		Cou	ntrv		This corporation owes the curr	ent year Int		10 1 663
—, ·		`	30	y		Personal Property Tax.	en year nu	X∏Yes	□No
24	9. Name and Address of Curre		30			Name and Address of New I	Registered A		
	0. Jeans and Addition of Galice			81 Nan					
RENT	rz, faye b			-		0.0-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	EAST BURGESS ROAD			82 Stre	et Address (P.	O. Box Number is Not Accept	apie)		
PENS	SACOLA FL 32504			83					
									
				84 City	'		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statute	es, the a	bove-nam	ed corporation	submits this statement for the	purpose of	changing its	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Stati	utes.	3, po, allo, 10 De.	and of directors the easy deep	pt and appea		3.0.0
SIGNATURE									
	Signature, typed or printed name of registered ag			Agent signate	ure required when re		DATE	D DIDEOT	200 111 40
12.		ND DIRECTORS	13.		^	ADDITIONS/CHANGES TO OF	FICERS AN	Change	JRS IN 12 ☐ Addition
TITLE	P PENER P	☐ DELETE	1.1 TI					□ crange	Addition
NAME	RENTZ, FAYE B		1.2 N/	-					
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CITY-ST-ZIP	PENSACOLA FL 32503	☐ DELETE		TY-ST-ZIP				☐ Change	Addition
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NAME			2.2 N/			=			
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-TITLE-								் வயத்த	~ [_] Addition
NAME			3.2 N			•			
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NAME			4. 2 N						
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NAME					-es		•		
STREET ADDRESS				REET ADDRE	:20				
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TITLE		☐ DELETE						Change	Addition
NAME			6.2 N		-00				
STREET ADDRESS				REET ADDRE	:55				
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14 Ibarabu	portify that the information supplied w	uith thio filian daon not auglifu for	the eve	mation ata	stad in Saction	- 110 H/(2Vi) Florida Statutae	I Birther COL	adi teat uni	Intormation

indicated on this annual report or supplied was not qualify for the exemption stated in Section 119.07(3)(1). 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.