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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600004704

GULF COAST AUTOMOTIVE SPECIALTIES, INC.

| Principal Place of Business | | | Mailing Address | | | | | | | | |
|---|--|-----------|-------------------------------|--|--|--|---|---------------------------|----------|----------------|------------|
| 107 MOSLEY DRIVE | | | 107 MOSLEY DRIVE | | | | | | | | |
| UNIT ! LYNN HAVEN FL 32444 | | | UNIT I Lynn haven fl 32444 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| LINN FAVEN FC 32444 | | - | Cital Intell CC VETT | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | | 01/11/1996 | | | _ | _ |
| 2. Principal P | ace of Business | 2a. | Mailing Address | | | - | 4. FEI Number | | A | pplied For | |
| 21 | | 26 | | | | | 59-3361119 | | N | lot Applicable | Э |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | | Additional | |
| 22 | | 27 | | | | | J. Octimente of States Desired | <u></u> | Fee F | Required | _ |
| City & State | 9 | L | City & State | | | | 6. Election Campaign Financing | | T | May Be | |
| 23 | | 28 | | | | - ,, | Trust Fund Contribution | | | to Fees | ┥. |
| — | Country | - | -Zip | | intry. | | 8. This corporation owes the curre | nt y ear int a | | □No | = |
| 24 | 25 | 29 | | 30 | 1 | | Personal Property Tax. 10. Name and Address of New R | onictored / | Yes | | \dashv |
| | 9. Name and Address of Current | Regis | stered Agent | | 81 | Name | tu. Name and Address of New R | egistered A | -yant | | |
| RDV | ANT, ROWLETT W | | | | " | INAILIE | | | | | |
| | HARRISON AVENUE | | | | 82 | Street Addres | ss (P.O. Box Number is Not Acceptal | ble) | | | Ì |
| | AMA CITY FL 32401 | | | | 83 | | | - | | | \dashv |
| FAN | ANIA OITT IE 32401 | | | | 03 | | | | | | _} |
| | | | | | 84 | City | | | 85 Zip | Code | |
| | | | 03 4500 El-14- Ct-1 | 45 | Ш | | ration submits this statement for the | DUITDOSS OF | i | ts registered | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | of Florid | da. Such change was a | iuthorizei | d by | tne corporation | 's board of directors, I hereby accep | t the appoin | tment as | egistered | Ì |
| agent. I a | m familiar with, and accept the obligat | ions of | , Section 607.0505, Flo | rida Stat | utes. | • | | | | |] |
| SIGNATURE | | | <u> </u> | | | t signature required v | -the refreshing) | DATE | | | ـ ا |
| 42 | Signature, typed or printed name of registered agent OFFICERS ANI | | | 13. | Agen | t signature required v | ADDITIONS/CHANGES TO OFF | | D DIRECT | ORS IN 12 | ⊣ § |
| 12. | D OFFICERS AND | JUINE | ☐ DELETE | 1.1 Ti | TLE | ·· · | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ☐ Change | | on |
| TITLE | KOWALSKI, MICHAEL | | | 1.2 N | | | | | | | } |
| NAME | 107 MOSLEY DRIVE UNIT I | | | | | ADDRESS | | | | | 8 |
| STREET ADDRESS | LYNN HAVEN FL 32444 | | | | TOCKE | ADDRESS | | | | | 7 |
| CITY-ST-ZIP | LTININ FIAVEN FL 32444 | | | | | r 710 | | | | | - 1 7 |
| TITLE . | | | □ DELETE | 1.4 C | ITY-S1 | r-ZIP | | | Change | e | |
| NAME | | | ☐ DELETE | 1.4 C 2.1 TI | ITY-SI | r-ZIP | | | ☐ Change | Additi | on C |
| | | ` | ☐ DELETE | 1.4 C 2.1 Tl 2.2 N | ITY-SI TLE AME | | | | Change | ; ☐ Additi | on C |
| STREET ADDRESS | | | ☐ DELETE | 1,4 C 2.1 Tl 2.2 N 2.3 S | ITY-ST TLE AME TREET | ADDRESS | | | Change | Additi | on C |
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3/19/99 850-763-7226

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

04-22-1999 90075 020 ***150.00