

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

FILED  
May 12 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000084541 (7)

1. Corporation Name  
**GULF COAST EQUIPMENT, INC.**

Principal Place of Business  
**7 SOUTH WARRINGTON ROAD #2-B  
PENSACOLA FL 32507**

Mailing Address  
**7 SOUTH WARRINGTON ROAD #2-B  
PENSACOLA FL 32507**



|   |                    |                             |                    |   |                                |
|---|--------------------|-----------------------------|--------------------|---|--------------------------------|
| 2. Principal Place of Business  |                    | 2a. Mailing Address         |                    | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21 <b>2929 LANGLEY AVE</b>  |                    | 26 <b>2929 LANGLEY AVE</b>  |                    | <b>10/10/1996</b>   | <b>10/10/96</b>                |
| Suite, Apt. #, etc.   |                    | Suite, Apt. #, etc.         |                    | 4. FEI Number   | Applied For                    |
| 22 <b>STE 201</b>   |                    | 27 <b>STE 201</b>           |                    | <b>593406335</b>  | Not Applicable                 |
| City & State  |                    | City & State                |                    | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23 <b>PENSACOLA FLORIDA</b>   |                    | 28 <b>PENSACOLA FLORIDA</b> |                    | <input checked="" type="checkbox"/>   |                                |
| Zip   | Country            | Zip                         | Country            | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 24 <b>32504</b>   | 25 <b>ESCAMBIA</b> | 29 <b>32504</b>             | 30 <b>ESCAMBIA</b> | <input type="checkbox"/>  |                                |
| 9. Name and Address of Current Registered Agent   |                    |                             |                    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
| <b>CHASE, JAMES L</b><br><b>101 EAST GOVERNMENT STREET</b><br><b>PENSACOLA FL 32501</b> |                    |                             |                    | 10. Name and Address of New Registered Agent  |                                |
|   |                    |                             |                    | 81 Name   |                                |
|   |                    |                             |                    | 82 Street Address (P.O. Box Number is Not Acceptable)                                   |                                |
|   |                    |                             |                    | 83 City   |                                |
|   |                    |                             |                    | 84 Zip Code   |                                |
|   |                    |                             |                    | <b>FL 32504</b>   |                                |

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]* DATE: **5/1/97**

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       |                                 | 1.2 NAME  | <b>PRESIDENT</b>  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | <b>DAVID B. CARROLL</b>   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | <b>2929 LANGLEY AVE STE 201</b>   |
|                            |                                 |   | <b>PENSACOLA, FL. 32504</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  | <b>VICE-PRESIDENT</b>   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>MIKE ANDERSON</b>  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | <b>2929 LANGLEY AVE STE 201</b>   |
|                            |                                 |   | <b>PENSACOLA, FL. 32504</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME  | <b>CORPORATE SECRETARY/TREASURER</b>  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | <b>KATIE CARROLL</b>  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | <b>2929 LANGLEY AVE STE 201</b>   |
|                            |                                 |   | <b>PENSACOLA, FL. 32504</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 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: *[Signature]* DATE: **5/1/97** DAYTIME PHONE: **904-969-1200**

CR2E034 (9/96)