


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

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

02-22-1999 90115 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084541

1. Corporation Name
GULF COAST EQUIPMENT, INC.

Principal Place of Business 2929 LANGLEY AVE SUITE 201 PENSACOLA FL 32504 US	Mailing Address 2929 LANGLEY AVE SUITE 201 PENSACOLA FL 32504 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 401 N. TARRAGONA ST Suite, Apt. #, etc. 22 City & State 23 PENSACOLA FLORIDA Zip Country 24 32501 25 ESCAMBIA	2a. Mailing Address 26 401 N. TARRAGONA ST Suite, Apt. #, etc. 27 City & State 28 PENSACOLA FLORIDA Zip Country 29 32501 30 ESCAMBIA	3. Date Incorporated or Qualified 10/10/1996	4. FEI Number 59-3406335	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CARROLL, DAVID B 401 N. TARRAGONA ST SUITE 201 PENSACOLA FL 32501	10. Name and Address of New Registered Agent 81 Name CARROLL, DAVID B. 82 Street Address (P.O. Box Number is Not Acceptable) 401 N. TARRAGONA ST 83 84 City PENSACOLA FL 85 Zip Code 32501
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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 DAVID B. CARROLL **DAVID B. CARROLL** 1/6/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, DAVID B	1.2 NAME	CARROLL, DAVID B.
STREET ADDRESS	2929 LANGLEY AVE SUITE 201	1.3 STREET ADDRESS	401 N. TARRAGONA ST
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL.
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MIKE	2.2 NAME	ANDERSON, MIKE
STREET ADDRESS	2929 LANGLEY AVE STE 201	2.3 STREET ADDRESS	401 N. TARRAGONA ST.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL.
TITLE	CST <input type="checkbox"/> DELETE	3.1 TITLE	CST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, KATIE	3.2 NAME	CARROLL, KATIE
STREET ADDRESS	2929 LANGLEY AVE STE 201	3.3 STREET ADDRESS	401 N. TARRAGONA ST.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL.
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 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: DAVID B. CARROLL **DAVID B. CARROLL** 1/6/99 **850-433-7337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/91)