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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90115 003 ***150.00

DOCUMENT # P96000084541

GULF COAST EQUIPMENT, INC.													
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Principal Place of Business Mailing Address													
2929 LANGLEY AVE 2929 LANGLEY AVE SUITE 201 SUITE 201							,						
PENSACOLA FL 32504 PENSACOLA FL 32504										WRITE IN THIS	SPACE		_
US			US						3. Date Incorporated or Quali	ifed			1
		_							10/10/1996		- 11.	Pad Fac	4
	tace of Busines		ļ	2a. Mailing Address 26 401 N. TARRAGONA ST					4. FEI Number 59-3406335	حہ ہے۔	· . . - - - - - - - - - 	pplied For lot Applicable	- -
21 70 Suite, Apt.		HONA ST	26	Suite, Apt. #, etc.	THE	C0/4	<u> </u>					Additional	\exists
22	II, 0.0.		27	,					5. Certifcate of Status Desire	d 🗆		Required	
City & State	te			City & State					6. Election Campaign Financ	ing —	\$5.00	May Be	1
23 PENSI	ACOLA 1	FLOMISA	28	PENSACOLA	Fi	ORI	OA		Trust Fund Contribution	"" " 🗆		to Fees	
Zip		Country	<u></u>	Zip	r	Country			8. This corporation owes the	current year In	tangible	О	
24 3256			29	32501	30	ESA	AMBIA	ł	Personal Property Tax.	nur Danistanad	Yes A gama	· 🗆 No	-
	9. Name an	d Address of Curren	t Registe	ered Agent		81	Name		10. Name and Address of No	w Registered	Mant		┥
CAR	ROLL, DAVID	В					(AROW, DAVID B	•	_		Ц
	N. TARRAGOI					82	Street Addre		ss (P.O. Box Number is Not Acc				
	E 201					83		101	H. I WAS BUT IS	<i>-</i> 1			1
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						84	City	Pen	CACOLA	FL		Code 3250 /	
11. Pursuant	to the provision	s of Sections 607.0502	2 and 60	7.1508, Florida Stat	utes, the	e above	e-named o	corpor	ation submits this statement for	the purpose of	changing i	s registered	٦
office of reagent. I a	registered agent ım familiar with,	i, or both, in the State i and accept the ob <u>lica</u> l	of Florida tions of, S	ı. Such change was Section 607.0505, F	authori Iorida S	zed by itatutes	the corpo	ration	's board of directors. I hereby a	ccept the appo	intment as i	egisterea	1
SIGNATURE		01. ()		Or DAVI	OB.	· CA	mou	د		1/6/8	79		-
	Signature, typed or p	printed name of registered agen			_	ered Ager	it signature re	equired w	when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AS	IN DIRECT	ORS IN 12	4
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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.

SIGNATURE:

CITY-ST-ZIP

