FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 19, 2001 8:00 am Secretary of State DOCUMENT # P97000058749 1. Entity Name 05-19-2001 90273 039 ***150.00 Gulf Coast Imports Of Pensacola, Inc. 1348 W. Nine Mile RD. PENSACOLA, FL. 32534 1666 A0062211 2. Principal Place of Business HWY, #5 PO BOX 10818 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PENSACOLA, FL. City & State 4. FEI Number Applied For PENSACOLA, FL. 59-3465747-091**9**12 Not Applicable 325114 \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BILLY JOE PITTS Street Address (P.O. Box Number is Not Acceptable) BILLY JOE PITTS 1348 W. NINE MILE RD. <u>8601 N. DAVIS HWY.</u> PENSACOLA, FL. 32514 Zip Code <u>PENSACOLA</u> 32514 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change Addition ☐ Delete TITLE ™ President NAMEB<u>ill</u>v Joe PITTS NAME STREET ADDRESS CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete NAME >> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

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