

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000094863 (2)  
1. Corporation Name  
EMERALD COAST AUCTION COMPANY

Principal Place of Business  
5400 KAUFFMAN ROAD  
MILTON FL 32583

Mailing Address  
5400 KAUFFMAN ROAD  
MILTON FL 32583

FILED  
May 04 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1997	
21	6853 Langley St.	26	6853 Langley St.	4. FEI Number 59-3477677	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Milton FL		City & State 28 Milton FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32570		Country 25 Santa Rosa		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State 29 32570		Country 30 Santa Rosa		10. Name and Address of New Registered Agent	

MCQUIRE, THOMAS E  
5400 KAUFFMAN ROAD  
MILTON FL 32583

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO, President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas E. McGuire	1.2 NAME	
STREET ADDRESS	5400 Kauffman Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32583	1.4 CITY-ST-ZIP	
TITLE	Vice President, Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa G. McGuire	2.2 NAME	
STREET ADDRESS	5400 Kauffman Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32583	2.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitney B. Brown	3.2 NAME	
STREET ADDRESS	5769 Truluck Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32570	3.4 CITY-ST-ZIP	
TITLE	Vice President - Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara C. Brown	4.2 NAME	
STREET ADDRESS	5769 Truluck Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32570	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.

SIGNATURE:

*Thomas E. McGuire*

4/27/98 (850) 626-8021

CR2E034 (10/97)