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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 259061 (0)
1. Corporation Name
FOWLCO-COASTAL, INC.



Principal Place of Business
C/O ROBERT W. FOWLER
400 LEVY ROAD
ATLANTIC BEACH FL 32233

Mailing Address
C/O ROBERT W. FOWLER
400 LEVY ROAD
ATLANTIC BEACH FL 32233-2618

3. Date Incorporated or Qualified 05/16/1962	3a. Date of Last Report 04/29/1996
4. FEI Number 63-0454466	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 330508
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Atlantic Beach, FL
24 Zip Country	29 32233 30 US

9. Name and Address of Current Registered Agent

FOWLER, L.B.
400 LEVY ROAD
ATLANTIC BCH. FL 32233

10. Name and Address of New Registered Agent
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, R W	1.2 NAME	
STREET ADDRESS	400 LEVY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, L B	2.2 NAME	
STREET ADDRESS	400 LEVY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, CORALINE T	3.2 NAME	
STREET ADDRESS	400 LEVY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, CORALINE T	4.2 NAME	
STREET ADDRESS	400 LEVY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	4.4 CITY-ST-ZIP	
TITLE		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		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]

4/30/97 904 246-4881

CR2E034 (9/96)