

FILE NOW: FILING FEE AFTER ^{3-24-95 NC-B-2594} MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:14

DOCUMENT # 505097 (6)

1. Corporation Name
COASTAL MANAGEMENT SYSTEMS, INC.

Principal Place of Business Mailing Address
C/O HAROLD S. WILSON, P.A.
18514 U.S. HWY. 19 NORTH, SUITE E
CLEARWATER FL 34624
C/O HAROLD S. WILSON, P.A.
18514 U.S. HWY. 19 NORTH, SUITE E
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/14/1976
3a. Date of Last Report 11/17/1994

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-2302973	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		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	
7. City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		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.		12. SIGNATURE	

WILSON, HAROLD S
18514 US HWY. 19 NORTH
SUITE E
CLEARWATER FL 34624

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, DONALD L	1.2 NAME	
STREET ADDRESS	18514 US HWY. 19 NORTH, STE. E	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34624	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, HAROLD S	2.2 NAME	
STREET ADDRESS	18514 US HWY. 19 NORTH, STE. E	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34624	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold S. Wilson Harold S. Wilson 3/21/95 (813) 524-3427
Signature and typed or printed name of signing officer or director