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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90004 042 \*\*\*150.00

044457

DOCUMENT # 669585

1. Corporation Name

COASTAL COMPUTER CORPORATION

Principal Place of Business

6100 WINKLER RD  
STE A  
FT. MYERS FL 33919  
US

Mailing Address

6100 WINKLER RD  
STE A  
FT. MYERS FL 33919  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SLAY, GEORGE H.  
6100 WINKLER ROAD, STE A  
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1980

4. FEI Number

59-1992655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE PT ☐ DELETE

NAME SLAY, GEORGE H.  
STREET ADDRESS 6100 WINKLER RD STE A  
CITY-ST-ZIP FT MYERS FL

TITLE VS ☐ DELETE

NAME SLAY, GLENN S.  
STREET ADDRESS 16450 FAIRWAYWOODS DR.  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME BEATTIE, ROBERT  
1.3 STREET ADDRESS 6100 WINKLER ROAD, SUITE A  
1.4 CITY-ST-ZIP FORT MYERS FL 33919

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME SCHREINER, DEAN E.  
2.3 STREET ADDRESS 6100 WINKLER ROAD, SUITE A  
2.4 CITY-ST-ZIP FORT MYERS FL 33919

3.1 TITLE TREASURER ☐ Change ☐ Addition

3.2 NAME SLAY, GEORGE H.  
3.3 STREET ADDRESS 6100 WINKLER ROAD, SUITE A  
3.4 CITY-ST-ZIP FORT MYERS FL 33919

4.1 TITLE SECRETARY ☒ Change ☐ Addition

4.2 NAME SLAY, GLENN S.  
4.3 STREET ADDRESS 6100 WINKLER ROAD, SUITE A  
4.4 CITY-ST-ZIP FORT MYERS FL 33919

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

941-481-6464

CR2E034 (1/98)