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FILED  
Jan 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 696963 (8)  
1. Corporation Name  
COASTAL HEATING AND COOLING, INC.

Principal Place of Business  
611 NO 4 STR  
JACKSONVILLE BCH FL 32250  
US

Mailing Address  
611 NO 4 STR  
JACKSONVILLE BCH FL 32250  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/31/1981

4. FEI Number

59-2106777

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

FORREST, WAYNE L.  
1507 FOREST MARSH DRIVE  
NEPTUNE BEACH FL 32266

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 PD  
NAME FORREST, WAYNE L.  
STREET ADDRESS 1507 FOREST MARSH DRIVE  
CITY-ST-ZIP NEPTUNE BEACH FL

TITLE VS  
NAME FORREST, JOANN C.  
STREET ADDRESS 1507 FOREST MARSH DR  
CITY-ST-ZIP NEPTUNE BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. 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.

CR2E034 (10/97)