

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F17239

(7)

1. Corporation Name

COASTLAND AUTO CENTER, INC.

Principal Place of Business

5939 SHIRLEY ST.
NAPLES FL 33942
US

Mailing Address

735 BELAIR CT
NAPLES FL 33940



2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
01/20/1981

3a. Date of Last Report
01/25/1995

4. FEI Number

59-2270350

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACFARLANE, STEWART
735 BELAIR CT.
NAPLES FL 33940

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 607.1505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's officer or director)

Signature of Registered Agent (if not the same as the corporation's officer or director)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DP
MACFARLANE, STEWART
735 BELAIR CT
NAPLES, FL 00000

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.2 NAME

1.3 STREET ADDRESS

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

2.1 TITLE

D
MACFARLANE, MARY E
735 BELAIR CT
NAPLES, FL 00000

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.2 NAME

2.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

3.1 TITLE

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

4.1 TITLE

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

5.1 TITLE

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

6.1 TITLE

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

6.4 CITY-STATE-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 119.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stewart MacFarlane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

941 597 5000

CR2E034 (12/95)