

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F42401**

(2)

1. Corporation Name

COASTAL WHOLESALE, INC.



Principal Place of Business

**1600 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33409
US**

Mailing Address

**1600 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33409-5226
US**

3. Date Incorporated or Qualified
08/27/1981

3a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 **20 N ORANGE AVE.**

4. FEI Number

59-2124732

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 200**

City & State

City & State
ORLANDO, FLORIDA

23 Zip Country

28 Zip Country
32801 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, H CLAYTON
612 KINGFISH ROAD
N PALM BEACH FL 33408**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **ARNOLD, GREGORY**
STREET ADDRESS **114 CAPE POINTE CIR**
CITY-ST-ZIP **JUPITER FL**

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **A STEWART HALL JR**
1.3 STREET ADDRESS **20 N ORANGE AVE STE 200**
1.4 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **PD** ☒ DELETE
NAME **ARNOLD, H CLAYTON**
STREET ADDRESS **612 KINGFISH RD**
CITY-ST-ZIP **N PALM BCH FL**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **J STEPHEN ZEPF**
2.3 STREET ADDRESS **20 N ORANGE AVE STE 200**
2.4 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **S/AT** ☐ Change ☒ Addition
3.2 NAME **JAY CLARK**
3.3 STREET ADDRESS **20 N ORANGE AVE STE 200**
3.4 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **AS** ☐ Change ☒ Addition
4.2 NAME **BENJAMIN P BUTTERFIELD**
4.3 STREET ADDRESS **20 N ORANGE AVE STE 200**
4.4 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **DAVID H HUGHES**
5.3 STREET ADDRESS **20 N ORANGE AVE STE 200**
5.4 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY CLARK

1/30/97

Date

407-841-4755

Daytime Phone #

0002078

CR2E034 (9/96)