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

PROFIT: CORPORATION: ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F48842

COASTAL REVEGETATION, INC.

FILED Feb 12, 1999 8:00 am Secretary of State

02-12-1999 90006 008 ***150.00



5 NE 2ND STR DELRAY BEACH	EET	5 NE 2ND STRE DELRAY BEACH				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/27/1981			
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number	1	plied For	,
21 26						59-2140483		t Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			
22	· · · · · · · · · · · · · · · · · · ·	27 City & State							1
City & State		<u>⊢</u> ¬ ′	¬ '			6. Election Campaign Financing. Trust Fund Contribution \$5.00 May Be Added to Fees			
23 Zin	Zip Country Zip		Country			8. This corporation owes the current year In		. /	
24	25	29	30			Personal Property Tax.	☐ Yes	ŬNo	ĺ
	9. Name and Address of Cu			\Box		10. Name and Address of New Registered	Agent		
				81	Name				i
REEDER, PAMELA B.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			l
	2ND STREET					the same of somewhat the same some some			
DEL	RAY BEACH FL 33444			83			的掛網		l
				84	City		85 Zip (ode	
	<u> </u>					FL	<u>- </u>	registered	
11. Pursuant office or r agent. I a	to the provisions of Sections 607, egistered agent; or both, in the Sim familiar with, and accept the ob-	.0502 and 607.1508, Floi tate of Florida. Such cha oligations of, Section 607	nge was authori .0505, Florida S	e above zed by statutes	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered	1 agent and title if applicable.	(NOTE: Regist	ered Agen	t signature require	ed when reinstating) DATE	<u> </u>	·	í
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A			٩
TITLE	PT		DELETE 1	1 TITLE		1791 (13)	☐ Change	☐ Addition	1
NAME	reeder, pamela B.		1.	2 NAME	1			7	3
STREET ADDRESS	5 NE 2ND ST		1	3 STREET	ADDRESS		• •		رِ ا
CITY-ST-ZIP	DELRAY BEACH FL			4 CITY-ST	r-ZIP	<u> </u>		—	Ì
TITLE	VS		DELETE 2	.1 TITLE	ļ		Change	Addition	Į `
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NAME					ADDRESS				İ
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CITY-ST-ZIP TITLE		··· <u></u> <u>;</u>		.1 TITLE			Change	☐ Addition	
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	1			_	ADDRESS				(
STREET ADDRESS	1		ď						1

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.