

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **F9200000802 (0)**

1. Corporation Name

**COASTLINE DISTRIBUTION, INC.**

95 MAR 14 AM 10:08

Principal Place of Business

Mailing Address

601 CODISCO WAY  
SANFORD FL 32771

601 CODISCO WAY  
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/18/1992</b>		3a. Date of Last Report <b>03/07/1994</b>	
4. FBI Number <b>59-3151829</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FBI Number		Applied For	
21				26				59-3151829		Not Applicable	
State, Apt. #, etc.				State, Apt. #, etc.				5. Certificate of Status Desired		<input type="checkbox"/>	
22				27				6. Election Campaign Financing		<input type="checkbox"/>	
City & State				City & State				Trust Fund Contribution		<input type="checkbox"/>	
23				28				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country					
24		25		29		30					

9. Name and Address of Current Registered Agent  
**PHALIN, LAWRENCE J  
225 E. ROBINSON STREET, SUITE 600  
LANDMARK II CENTER  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROECKELMANN, RUSSELL G	12 NAME	
STREET ADDRESS	601 CODISCO WAY	13 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JAMES P	22 NAME	
STREET ADDRESS	601 CODISCO WAY	23 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKIN, JAMES W	32 NAME	Krupp, Michael
STREET ADDRESS	601 CODISCO WAY	33 STREET ADDRESS	602 Park Point Dr. Suite 105
CITY-ST-ZIP	SANFORD FL 32771	34 CITY-ST-ZIP	Golden, CO 80401
TITLE	V	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, DAVID	42 NAME	Blum, Gerald
STREET ADDRESS	601 CODISCO WAY	43 STREET ADDRESS	16935 Knightbridge Lane
CITY-ST-ZIP	SANFORD FL	44 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	VASD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMB, CHARLES N	52 NAME	
STREET ADDRESS	602 PARK POINT DR., STE. 105	53 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELBORN, BONNIE	62 NAME	
STREET ADDRESS	601 CODISCO WAY	63 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and claims 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. 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: By: J.P. Walker **J.P. Walker, VST** **3/3/95** **(407) 323-8500**  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

**COASTLINE DISTRIBUTION, INC.**  
**ADDITIONAL OFFICERS AND DIRECTORS**

**AS**  
**OWEN, KATHY**  
**602 PARK POINT DRIVE, SUITE 105**  
**GOLDEN, CO 80401**