FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F92000000802 (0)**

1. Corporation Name
COASTLINE DISTRIBUTION, INC.

Principal Place of Business
601 CODISCO WAY
SANFORD FL 32771

Mailing Address
601 CODISCO WAY
SANFORD FL 32771

3. Date Incorporated or Qualified: **12/18/1992**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3151829** 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

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 **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 of a new registered agent required if a change is being made) (Former Registered Agent signature required if a change is being made) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BROECKELMANN, RUSSELL G	
STREET ADDRESS	601 CODISCO WAY	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VST	☐ DELETE
NAME	WALKER, JAMES P	
STREET ADDRESS	601 CODISCO WAY	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	☐ DELETE
NAME	KRUPP, MICHAEL	
STREET ADDRESS	602 PARK POINT DR., STE. 105	
CITY-ST-ZIP	GOLDEN CO	
TITLE	D	☐ DELETE
NAME	BLUM, GERALD	
STREET ADDRESS	16935 KNIGHBRIDGE LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VASD	☐ DELETE
NAME	HOLCOMB, CHARLES N	
STREET ADDRESS	602 PARK POINT DR., STE. 105	
CITY-ST-ZIP	GOLDEN CO	
TITLE	AS	☐ DELETE
NAME	WELBORN, BONNIE	
STREET ADDRESS	601 CODISCO WAY	
CITY-ST-ZIP	SANFORD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	Magee, Robert W.	
1.3 STREET ADDRESS	601 Codisco Way	
1.4 CITY-ST-ZIP	Sanford, FL 32771	
2.1 TITLE	AS	☐ Change ☒ Addition
2.2 NAME	Owen, Kathy	
2.3 STREET ADDRESS	602 Park Point Drive, Suite 105	
2.4 CITY-ST-ZIP	Golden, CO 80401	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: J.P. Walker, VP/Finance 2/5/96 (407) 323-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #