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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000001707 (8)

1. Corporation Name
COASTAL FOODS, INC.



Principal Place of Business

Mailing Address

PO BOX 23099
KNOXVILLE TN 37933-1099
US

PO BOX 23099
KNOXVILLE TN 37933-1099
US

3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 02/27/1996
4. FEI Number 62-1560228	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACASKILL, JOHN D
1416 CEDAR BAY LANE
SARASOTA FL 34231

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	PCD	<input type="checkbox"/> DELETE
NAME	POWELL, RICHARD C	
STREET ADDRESS	PO BOX 23099	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BYARS, BEVERLY	
STREET ADDRESS	PO BOX 23099 N/A	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUDWIG, CLARENCE J	
STREET ADDRESS	221 VESTAVIA DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACASKILL, JOHN D	
STREET ADDRESS	1416 CEDAR BAY LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Powell, Richard C	
1.3 STREET ADDRESS	112-A Durwood Drive	
1.4 CITY-ST-ZIP	Knoxville, TN 37922	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Byars, Beverly	
2.3 STREET ADDRESS	112-A Durwood Drive	
2.4 CITY-ST-ZIP	Knoxville, TN 37922	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Beverly A. Byars* (Beverly H. Byars)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 423-531-0505

Date Daytime Phone

CR2E034 (9/96)