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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # **G20839** (8)
1. Corporation Name
COASTAL STEEL CONSTRUCTION, INC.



Principal Place of Business
~~501 REO ST~~
~~TAMPA FL 33609-1002~~

Mailing Address
~~501 REO ST~~
~~TAMPA FL 33609-1002~~

3. Date Incorporated or Qualified
01/27/1983

3a. Date of Last Report
01/23/1996

2. Principal Place of Business
21 **950 31st St So**
Suite, Apt. #, etc.
22
City & State
23 **St. Petersburg F**
Zip Country
24 **33712** 25 **Pinellas**

2a. Mailing Address
26 **PO Box 10267**
Suite, Apt. #, etc.
27
City & State
28 **St. Petersburg, FL**
Zip Country
29 **33733** 30 **Pinellas**

4. FEI Number
59-2255981

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
BEST, DWAYNE F.
~~501 REO STREET~~
~~TAMPA FL 33609~~

10. Name and Address of New Registered Agent
81 Name **Dwayne F. Best**
82 Street Address (P.O. Box Number is Not Acceptable)
5521 W. Cypress St.
83 **Suite 101**
84 City **Tampa** FL 85 Zip Code **33609**

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 the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MALECOT, BRUCE	
STREET ADDRESS	501 REO ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	DEV	<input type="checkbox"/> DELETE
NAME	BEST, GREGORY D.	
STREET ADDRESS	501 REO ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	PTS	<input type="checkbox"/> DELETE
NAME	BEST, DWAYNE	
STREET ADDRESS	501 REO ST	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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: *Bruce H. Malecot* / Bruce H. Malecot - 3-25-97 (813) 327-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)