

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 14 AM 11:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H98368 (4)

1. Corporation Name
COASTAL FLIERS CORP.

Principal Place of Business Mailing Address
4525 FULTON RD. JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/07/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2638065** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, COY D.
4525 FULTON RD.
JACKSONVILLE FL 32225**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP
CTD CAMPBELL, COY D. 4525 FULTON ROAD JACKSONVILLE FL
PD SAUM, RICHARD W. 3239 ARROW LAKES DR. JACKSONVILLE FL
VSD MCKEEVER JR., ROBERT P. 881 OCEAN BLUE ATLANTIC BCH. FL
VD HOHENSHELT, KIM V. 4083 BRIAR FOREST RD E JACKSONVILLE FL

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
4 1 TITLE
42 NAME
43 STREET ADDRESS **14071 MISTIC LANE JACKSONVILLE, FL 32250**
44 CITY - ST - ZIP
5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(3)(b), 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: *Coy D. Campbell / Coy D. Campbell* July 10, 1995 (904) 641-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)

CR2E034 (3/95)