

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J05165 (2)
1. Corporation Name
COASTAL EMPIRE DEVELOPMENT CO.

Principal Place of Business
2840-C REMINGTON GREEN CIR.
TALLAHASSEE FL 32308

Mailing Address
2840-C REMINGTON GREEN CIR.
TALLAHASSEE FL 32308-1528

APPROVED
AND
FILED
1997 APR 29 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1986	3a. Date of Last Report 07/11/1996
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2507525	Applied For Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country		29. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VINCENT, PRICE H., JR.
2840-C REMINGTON GREEN CIR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDT	1.1 TITLE	PSDT
NAME	VINCENT, PRICE H., JR.	1.2 NAME	VINCENT, Price H., JR.
STREET ADDRESS	2316 FOXBORO WAY	1.3 STREET ADDRESS	2840 Remington Green Cir.
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	Tallahassee, FL 32308
TITLE	ST	2.1 TITLE	VP, TREAS, DIR.
NAME	VINCENT, PRICE H., JR	2.2 NAME	Kevin Davis
STREET ADDRESS	1265 PENNY LANE	2.3 STREET ADDRESS	2840 Remington Green Cir.
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	Tallahassee, FL 32308
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Davis 4/28/97 (904) 668-4466

Date

Daytime Phone #

CR2E034 (9/96)