FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J10783** **(5)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:31

1. Corporation Name
COASTAL SOUTHERN, INC.

Principal Place of Business	Mailing Address
~~% RICHARD M. KNELLINGER~~ 2400 ST.ANDREWS BLVD. PANAMA CITY FL 32405	~~% RICHARD M. KNELLINGER~~ 2400 ST.ANDREWS BLVD. PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1986
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: d/b/a Sonny's Real Pit BBQ
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: d/b/a Sonny's Real Pit BBQ
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2698113 ☐ 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

CASTELLO, WAYNE P.
515 N.MAIN ST.,STE.300
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

01 Name: Timothy C. Campbell
02 Street Address (P.O. Box Number is Not Acceptable): 222 East Fourth Street
03
04 City: Panama City FL 05 Zip Code: 32401

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: Timothy C. Campbell — Attorney at Law — Timothy C. Campbell — 2-28-95
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	VPD	1.1 TITLE		☐ Change ☐ Addition
NAME	LINDSEY, WAYNE	1.2 NAME		
STREET ADDRESS	2400 ST.ANDREWS BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LINDSEY, GEORGE M., III	2.2 NAME		
STREET ADDRESS	1631 LAGOON PL.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	MORGAN, DEBRA	3.2 NAME	Delete	
STREET ADDRESS	229 N IOWA AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP		
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	FLOYD, HOWARD H.	4.2 NAME		
STREET ADDRESS	1800 S.W. 91 STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: _____ 2-28-95 (904)763-5114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031137 CP