2004 FOR PROFIT CORPORATION 🔰 🤭 ANNUAL REPORT

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # J10783 1. Entity Name COASTAL SOUTHERN, INC. 04-22-2004 90018 040 ***158.75 Principal Place of Business Mailing Address 2557 HUNT CLIFF LANE 2557 HUNT CLIFF LANE 1600curv PANAMA CITY, FL 32405 US PANAMA CITY, FL 32405 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192004 Chg-P CR2E034 (10/03) City & State 4. FEI Number City & State Applied For 59-2698113 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLOAN Name SLAON; TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) **427 MCKENZIE AVENUE** PANAMA CITY, FL 32401 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. STVD TITLE Delete TITLE ☐ Change Addition LINDSEY, WAYNE NAME NAME 2557 HUNT CLIFF LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PANAMA CITY, Fl. 32405 ☐ Change Addition TITLE ☐ Delete TITLE HNDSEY, GEORGE M., III NAME NAME 2557 HUNT CLIFF LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIR. PANAMA CITY, EL 32405... CITY-ST-ZIP **Change** ☐ Delete TITLE Addition TITLE FLOYD, HOWARD H. NAME NAME 2557 HUNT CLIFF LANE STREET ADDRESS 2430 LISENBY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE 13 ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CHY-SI-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

850 763 4533

FILED