FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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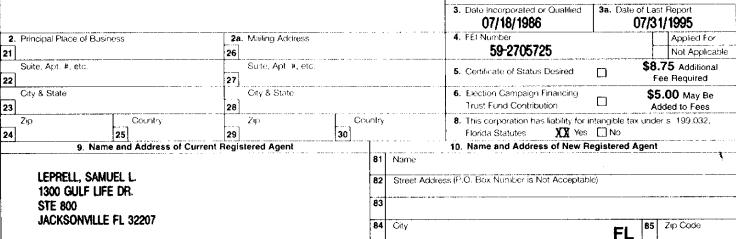
COASTAL BUILDER SPECIALTIES OF JACKSONVILLE, INC

Principal Place of Business 5295 PHILLIPS HWY. JACKSONVILLE FL 32207

DOCUMENT #

Mailing Address

5295	PHILLIPS	HW	Y.
JACK	SONVILLE	FL	32207



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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505. For ids Statutes.

12.	ழக்கள் நூன் நடிக்கின் களில் இச்சிக்கதா சிச்சம் மாசிவுள் கள் இசிக்கின் களில் இசிக்கின் களில் இசிக்கின் இசிக்கின OFFICERS AND DIRECTORS	F.E. Ex. gentered Agent signature re 13.	e pind when revisiting DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1 1 Till; E	P X Change Addition
NAME	LYNCH, SUSAN A.	1.2 NAME	Lynch, Susan A.
STREET ADDRESS	8136 SABEL OAK LANE	13 STREET ADORESS	175 North Rosco Boulevard
C-TY-ST-ZIP	JACKSONVILLE FL	1.4 CHY-S1-ZIP	Ponte Veira Beach, Florida 32082
TITLE	☐ DELÉTE	2 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STHEET ADDRESS	
CITY-ST-ZIP		2.4 C/TY - S1 - Z/P	
TITLE	DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CI1Y - S1 - ZIP	
TITLE	☐ DELETE	4 1 Tillet	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
C(TY - ST - ZIP		4.4 CITY - ST. ZIP	
TITLE	☐ DELETE	5 1 TIFLE	Change Addition
NAMÉ		5.2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5.4.0(1Y - ST - ZIP	
TIFLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CHTY - ST - ZIP		6.4 CITY - \$1 - 7IP	

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)(k), Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director is 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 i

SIGNATURE:

A. Lynch DIRECTOR

Daytime Ptione #