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

**PROFIT** 

Jan 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J43681 (2)COASTAL DUNES, INC. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1986 2a. Mailing Address 26 Box 30Y6 2. Principal Place of Business 4. FEI Number Applied For 59-2743687 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees B. This corporation owes or has paid the current year Intangible Sausota 29 Personal Property Tax due June 30. Yes Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATTEN, ROBERT 8. 1005 MAIN ST Street Address (P.O. Box Number is Not Acceptable) В2 83 84 ons of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered entropy by the corporation's board of directors. I hereby accept the appointment as registered the purpose of Section 607,0505, Florida Statutes. 11. Pursuant to the provis office or registered agent. I am familia PRESIDENT SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition PATTEN, ROBERT B. NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZiP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition | NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETÉ 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. 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 annual report or suppliemental 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 or in attachment with an address.

1/22/98

FILED