FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J94372** **(6)**

1. Corporation Name

COASTAL MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
13817 PERDIDO KEY DR. APT. 501 PENSACOLA FL 32507 US	P. O. BOX 1643 ORANGE BCH. FL 36561 US

2. Principal Place of Business	2a. Mailing Address
21	26 PO BOX 339
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CAPSHAW, AL
Zip 24 / Country 25	Zip 29 35742 / Country 30 USA

3. Date Incorporated or Qualified: 09/28/1987

3a. Date of Last Report: 03/14/1995

4. FEI Number: 59-2848273 ☐ 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

BAILEY, JOHN
13817 PERDIDO KEY DR.
APT. 501
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	DAUGHERTY, A. B.		12 NAME		
STREET ADDRESS	869 N. FERDON BLVD.		13 STREET ADDRESS	30173 RIVER RD	
CITY-ST-ZIP	CRESTVIEW FL		14 CITY-ST-ZIP	ORANGE BEACH, AL 36561	
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BAILEY, JOHN R. S		22 NAME		
STREET ADDRESS	13817 PERDIDO KEY DR. #501		23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: A.B Daugherty 3/21/96 205-830-8910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)