

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # K45730

(4)

95 JUN 13 AM 8:14

1. Corporation Name

COAST COMMUNICATIONS, INC.

Principal Place of Business

2801 GARDEN ST  
TITUSVILLE FL 32796

Mailing Address

2801 GARDEN ST  
TITUSVILLE FL 32796

2708 Garden St

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/14/1988

3a. Date of Last Report

06/13/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-2926090

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

6. This corporation has liability for intangible tax under s. 189.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MURASKO, JOSEPH M.  
7125 U.S. HWY 17-92  
FERN PARK FL 32730

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

KRUPSKI, ALICE  
2801 GARDEN ST  
TITUSVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

EP

KRUPSKI, FRED  
2801 GARDEN STREET  
TITUSVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SMITH, PAUL  
300 W. TOWNE PL  
TITUSVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

LAMBERT, BRENDA  
457 AMITY AVENUE  
COCOA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(3)(k), 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:

ALICE KRUPSKI Alice Krupski

6/5/95

407-267-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
JUL 11 1995

**DOCUMENT # K46180**

**(1)**

1. Corporation Name

**LAND GRAPHICS, INC.**

Principal Place of Business

**C.O JEFFREY L. EDWARDS  
5530 SW 98TH TERRACE  
GAINESVILLE FL 32608**

Mailing Address

**C.O JEFFREY L. EDWARDS  
5530 SW 98TH TERRACE  
GAINESVILLE FL 32608**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/15/1988**

3a. Date of Last Report

**03/31/1994**

4. FEI Number  
**59-2920088**

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. 100.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, JEFFREY L.  
5530 SW 98 TERRACE  
GAINESVILLE FL**

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 607.1503, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D**

NAME

**EDWARDS, JEFFREY L.**

STREET ADDRESS

**7200 S.W. 8TH AVE #79**

CITY ST ZIP

**GAINESVILLE FL**

11 TITLE

**PRESIDENT/OWNER**

☒ Change ☐ Addition

12 NAME

**EDWARDS, JEFFREY L.**

13 STREET ADDRESS

**5530 SW 98TH TERR.**

14 CITY - ST - ZIP

**GAINESVILLE FL 32608**

21 TITLE

**SECRETARY/TREASURER**

☒ Change ☐ Addition

22 NAME

**EDWARDS, LISA**

23 STREET ADDRESS

**5530 SW 98TH TERR.**

24 CITY - ST - ZIP

**GAINESVILLE FL 32608**

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

*Jeffrey L. Edwards*

**JEFFREY L. EDWARDS**

**6/7/95**

**(904) 336-8684**

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR