SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name K52436 (8)

COASTAL AQUATIC SERVICES, INC.

		FILE	L)
Sep	18	1997	7	8:00am
Se	cre	tary	O	f State

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Principal Place of Business Mailing Address					1 10010014 001 01140 31011 04004 31110 0		inii dinki dia	II BIBII [NBF		
C/O EDWARD STANLEY JACOBS 2741 MARTIN STREET SARASOTA FL 34237		C/O EDWARD STANLEY JACOBS 2741 MARTIN STREET SARASOTA FL 34237			DO NOT WRITE IN THIS SPACE					
0,000		\$100,000 mm			3. Date Incorporated or Qualified	3a. Date	e of Last F	Report		
, <u></u>					12/20/1988	09/2	23/1996			
	lace of Business	2a. Mailing Address			4. FEI Number	-		pplied For		
21 Cuito Ant	4 oto	26 Suite Ant # etc			65-0102055			lot Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee R	Additional lequired		
City & State	ө	City & State			6. Election Campaign Financing	г		May Be		
23	Country	7 _{ip}	Count		Trust Fund Contribution			to Fees		
Zip	25	29	30	' y	This corporation owes or has p Personal Property Tax due June	F		nlangibl∋ No		
24	9. Name and Address of Curren		1301		10. Name and Address of New Ri					
			8	1 Name		•	•			
	OBS, EDWARD STANLEY									
	1 Martin Street Vasota FL 34237		*	2 Street Add	dress (P.O. Box Number is Not Accepta	bie)				
OAn	MOUTA FL 34237		8	3						
			_	4 60			Taul 7:	0-1-		
			8	4 City		FL	85 Zip	Code		
I office or r	egistered agent, or both, in the State m familiar with, and accept the obliga —	of Florida, Such change was ations of, Section 607.0505, Fl	authorized orida Statut	by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appo	changing I intment as	its registered s registered		
	Signature, typed or printed name of registered ager			gent signature requ	uired when reinstating)	DATE	DIDECTO	00 11 40		
12. TITLE	OFFICERS AND	DELETE DELETE	13. 11 IIILI	г-	ADDITIONS/CHANGES TO OFFI		Change			
NAME	PTS		1.2 NAM	ŀ		L	T Autura	L Magnion		
STREET ADDRESS	JACOBS, EDWARD STANLEY 2741 MARTIN ST		1	ET ADDRESS						
CITY-ST-ZIP			1	-ST-ZIP						
TITLE	SARAȘOTA FL 34237 D	DELETE	21100		· · · · · · · · · · · · · · · · · · ·		Change	Addition		
NAME	JACOBS, EDWARD STANLEY		2.2 NAM							
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TITLE	V	DELETE	3 1 TITLE				Change	Addition		
NAME	JACOBS, TORREY V		3.2 NAM							
STREET ADDRESS	2741 MARTIN ST.		3 3 S1 HE	ET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34237		3.4. C(T)	-ST-ZIP						
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STREET ADDRESS			53 STRE	ET ADDRESS			7(7)	9/18/61		
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NAME			6.2 NAM		20000229 -03/22/97010	15ຄວີເ	5			
STREET ADDRESS				FT ADDRESS	***550.00		-			
CITY-ST-ZIP			6.4 CitY	- S1 - ZIP						

14. I do 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 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 ompowered 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 withyan address.