

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K60950

(8)

1. Corporation Name

COASTAL AUTO BODY, INC.

Principal Place of Business

**C/O ALLEN L. TEAGUE
4704 ARLETTE CT.
LAKE WORTH FL 33461**

Mailing Address

**C/O ALLEN L. TEAGUE
4704 ARLETTE CT.
LAKE WORTH FL 33461**



2. Principal Place of Business

2a. Mailing Address

21 Subst. Apt. #, etc.
22 City & State
23 Zip County
24

26 Subst. Apt. #, etc.
27 City & State
28 Zip County
29 30

9. Name and Address of Current Registered Agent

**TEAGUE, ALLEN
4704 ARLETTE CT
LAKE WORTH FL 33460**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

3. Date Incorporated or Qualified: **01/25/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2940836**
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, Fla. Stat.: Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.010 and 607.1508, Florida Statutes, I, the undersigned 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 607.010, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FL

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGUE, ALLEN L.	2. NAME	
STREET ADDRESS	4704 ARLETTE CT.	3. STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL 33461	4. CITY-STATE-ZIP	
TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGUE, ALLEN L.	6. NAME	
STREET ADDRESS	4704 ARLETTE CT.	7. STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL 33461	8. CITY-STATE-ZIP	
TITLE	STD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGUE, MARY JANE	10. NAME	
STREET ADDRESS	4704 ARLETTE CT.	11. STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL 33461	12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE		25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY-STATE-ZIP		28. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report is true, correct 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 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 a shareholder 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, changed, or on an attachment with a check.

SIGNATURE *Allen L. Teague*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 407588 6998

CR2E034 (12/95)