

**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**



3. Date Incorporated or Qualified

**01/25/1989**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2940836**

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Subst. Apt. #, etc.

22. City & State

23. Zip County

24. 25.

2a. Mailing Address

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

**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.030 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 607.030, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE  DELETE

NAME: **PD TEAGUE, ALLEN L.**  
STREET ADDRESS: **4704 ARLETTE CT.**  
CITY-ST-ZIP: **LAKE WORTH FL 33461**

2. TITLE  DELETE

NAME: **VD TEAGUE, ALLEN L.**  
STREET ADDRESS: **4704 ARLETTE CT.**  
CITY-ST-ZIP: **LAKE WORTH FL 33461**

3. TITLE  DELETE

NAME: **STD TEAGUE, MARY JANE**  
STREET ADDRESS: **4704 ARLETTE CT.**  
CITY-ST-ZIP: **LAKE WORTH FL 33461**

4. TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

5. TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6. TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 407588 6998

CR2E034 (12/95)