

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K73018

(9)

1. Corporation Name  
EAST COAST SPECIALTIES, INC.

Principal Place of Business

C/O RICHARD W. NORTON JR.  
1733 S.W. BILTMORE STREET  
PORT ST. LUCIE FL 34984

Mailing Address

1758 SW BILTMORE ST  
1733 S.W. BILTMORE STREET  
PORT ST LUCIE FL 34984-3418  
US

3. Date Incorporated or Qualified  
03/15/1989

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

21 C/O Richard W. Norton, Jr.

Suite, Apt. #, etc.

22 1758 SW Biltmore Street

City & State

23 Port St. Lucie, FL

Zip

24 34984

Country

25 USA

2a. Mailing Address

26 C/O Richard W. Norton, Jr.

Suite, Apt. #, etc.

27 1758 SW Biltmore Street

City & State

28 Port St. Lucie, FL

Zip

29 34984

Country

30 USA

4. FEI Number

65-0125504

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

KOHL, N. D JR.  
50 S.E. KINDRED STREET  
SUITE 107  
STUART FL 34994

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 D ☐ DELETE

NAME NORTON, RICHARD W. JR.

STREET ADDRESS 603 BETH COURT

CITY- ST- ZIP PTL. ST. LUCIE FL

TITLE ST ☐ DELETE

NAME HALL, MICHAEL A

STREET ADDRESS 1477 SW GILROY

CITY- ST- ZIP PORT ST. LUCIE FL

TITLE D ☐ DELETE

NAME NORTON, CHERYL

STREET ADDRESS 603 BETH COURT

CITY- ST- ZIP PORT ST. LUCIE FL

TITLE D ☐ DELETE

NAME HALL, SHIELA A.

STREET ADDRESS 1477 SW GILROY

CITY- ST- ZIP PORT ST. LUCIE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition

12 NAME Norton, Richard W. Jr.

13 STREET ADDRESS RT 6 Box 210C

14 CITY- ST- ZIP Murphy, NC 28906

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE D ☒ Change ☐ Addition

32 NAME Norton, Cheryl

33 STREET ADDRESS RT 6 Box 210C

34 CITY- ST- ZIP Murphy, NC 28906

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- 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 recipient 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

Date

Daytime Phone #

561-871-1922

CR2E034 (9/96)