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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90035 023 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K73018

1. Corporation Name

EAST COAST SPECIALTIES, INC.

Principal Place of Business

6/O RICHARD W. NORTON JR.
 1758 SW BALTIMORE STREET
 PORT ST. LUCIE FL 34984
 US

Mailing Address

C/O RICHARD W. NORTON JR.
 1758 SW BALTIMORE STREET
 PORT ST LUCIE FL 34984
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1989

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 owes the current year Intangible
 Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

SHEILA J HALL

82 Street Address (P.O. Box Number is Not Acceptable)

1477 SW Gilroy Rd

83

84 City

Port St Lucie**FL**

85 Zip Code

34983

9. Name and Address of Current Registered Agent

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

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

Sheila J Hall
 Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
 NAME **NORTON, RICHARD W. JR.**
 STREET ADDRESS **RT 6 BOX 210 C**
 CITY-ST-ZIP **MURPHY NC**

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 **RT. 6 BOX 210-C**
 CITY-ST-ZIP **MURPHY NC**

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

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Sheila J Hall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99 561-871-1922

CR2E034 (11/98)