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Mar 19 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 # L01325

(4)

1. Corporation Name
COASTAL R.V., INC.

Principal Place of Business
3515 N. U.S. HIGHWAY 1
COCOA FL 32826

Mailing Address
3515 N. U.S. HIGHWAY 1
COCOA FL 32826-8773



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1989		3a. Date of Last Report 04/16/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2956403		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent FREULER, PEREN FREULER, PETER 231 N. BERMUDA AVE. SUITE 100 KISSIMMEE FL 34741				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 607.1506, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	SEMONES, KENNETH N.	12 NAME	
STREET ADDRESS	805 PINE VALLEY CT	13 STREET ADDRESS	
CITY, ST, ZIP	ROCKLEDGE FL	14 CITY - ST - ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	HYLANDER, ROBERT	22 NAME	
STREET ADDRESS	1017 ELYSIUM BLVD.	23 STREET ADDRESS	
CITY, ST, ZIP	MT. DORA FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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 included 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.

SIGNATURE: Kenneth N Semones KENNETH N SEMONES 3-15-97 4076362010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0102457

CR2E034 (9/96)