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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90141 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03982

1. Corporation Name

COASTAL SCIENCE ASSOCIATES, INC.

Principal Place of Business

**328 N SECOND AVE
JACKSONVILLE FL 32250
US**

Mailing Address

**328 N SECOND AVE
JACKSONVILLE FL 32250
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1989

4. FEI Number

59-2954024

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**FLOREY, STEPHEN
328 N. SECOND AVENUE
JACKSONVILLE BCH. FL 32250**

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

Stephen R. Florey

Signature, type, or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

**NAME BACA, BART J.
STREET ADDRESS 328 N. SECOND AVENUE
CITY-ST-ZIP JACKSONVILLE BCH FL**

TITLE VTD ☐ DELETE

**NAME BACA, PATRICIA A.
STREET ADDRESS 328 N. SECOND AVENUE
CITY-ST-ZIP JACKSONVILLE BCH FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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 President
1.3 STREET ADDRESS Florey, Stephen
1.4 CITY-ST-ZIP 328 N. Second Avenue
Jacksonville Beach, Florida**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME CEO
2.3 STREET ADDRESS Baca, Bart J
2.4 CITY-ST-ZIP 840 Natures Cove Rd. Dania Fl**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME Officer
3.3 STREET ADDRESS Baca, Patricia
3.4 CITY-ST-ZIP 840 Natures Cove Rd Dania Fl**

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: *Bart Baca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BART BACA

4-29-99

Date

Daytime Phone #

954-926-5426

CR2E034 (11/98)