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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **L33723** **(2)**

1. Corporation Name
COASTAL COMPUTER CONNECTIONS INC.

Principal Place of Business	Mailing Address
% RONALD EDWARD TOBIAS 2701-A GULF BREEZE PARKWAY GULF BREEZE FL 32561	% RONALD EDWARD TOBIAS 2701-A GULF BREEZE PARKWAY GULF BREEZE FL 32561-3089

3. Date Incorporated or Qualified: 11/30/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 3107 N. Davis Hwy.
Suite, Apt. # etc
22
City & State
23 Pensacola, FL
Zip 24 32503 Country 25 U.S.A

2a. Mailing Address
26 3107 N. Davis Hwy.
Suite, Apt. #, etc.
27
City & State
28 Pensacola, FL
Zip 29 32503 Country 30 U.S.A

4. FEI Number: 59-2979262 ☐ 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

TOBIAS, VALI R
2701-A GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3107 N. DAVIS HWY
83
84 City: PENSACOLA FL 85 Zip Code: 32503

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOBIAS, RONALD EDWARD 2787 VENETIAN WAY GULF BREEZE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Drugan, William 33 Alma Ave. Panama City, FL 32404 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOBIAS, VALI R. 2787 VENETIAN WAY GULF BREEZE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Markham, Chris 4244 Ben Blvd. Tallahassee, FL 32303 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCVAY, MICHAEL C. P.O. BOX 4128 N/A PENSACOLA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P Tobias, Ronald Edward 6813 Trammel Dr. Milton, FL 32570 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GLAZE, BRETT 1259 AINSWORTH DR GULF BREEZE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V Tobias, Vali R. 6813 Trammel Dr. Milton, FL 32570 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, SHANNON D 5735 LEESWAY BLVD. PENSACOLA FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Henry, Larry 1259 Ainsworth Dr. Gulf Breeze, FL 32561 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUNK, GREGORY W. 5719 SCOTLAND RD PENSACOLA FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Funk, Gregory W. 5647 Leeway Pensacola, FL 32504 ☑ Change ☐ Addition

CR2E034 (9/96)

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 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: Vali Tobias VALI TOBIAS 4-3-97 904 444 9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #