


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L39068 (6)					
1. Corporation Name COASTAL PLUMBING & PIPING, INC.					
Principal Place of Business 25 INDUSTRIAL ST FT WALTON FL 32548 US			Mailing Address P. O. BOX 478 25 INDUSTRIAL STREET FT. WALTON BEACH FL 32549 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/01/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2985052	
24 Country		29 Country		30 Applied For	
25		28		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
PRICE, STANLEY BARTON 7 NEPTUNE DRIVE MARY ESTHER FL 32569				<input type="checkbox"/> \$8.75 Additional Fee Required	
81 Name				6. Election Campaign Financing	
82 Street Address (P.O. Box Number is Not Acceptable)				<input type="checkbox"/> \$5.00 May Be Added to Fees	
83				Trust Fund Contribution	
84 City				<input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
FL				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
85 Zip Code				10. Name and Address of New Registered Agent	
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 <u>Murline D. Price</u> Secretary 1-29-98					
Signature, title, 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 <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PRICE, STANLEY BARTON			1.2 NAME		
STREET ADDRESS 7 NEPTUNE DRIVE			1.3 STREET ADDRESS		
CITY-ST-ZIP MARY ESTHER FL			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PRICE, MURLINE DEE			2.2 NAME		
STREET ADDRESS 7 NEPTUNE DRIVE			2.3 STREET ADDRESS		
CITY-ST-ZIP MARY ESTHER FL			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: Murline D. Price 1-29-98 (850) 243-4366

CR2E034 (10/97)