

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L64626** (9)

1. Corporation Name

COASTAL-FORBIS, INC.

Principal Place of Business

**P.O. BOX 858
PONTE VEDRA BEACH FL 32082**

Mailing Address

**1510A S. 2ND ST.
JACKSONVILLE BCH. FL 32250
US**



3. Date Incorporated or Qualified

04/12/1990

3a. Date of Last Report

03/23/1995

4. FEI Number

59-3027312

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTLETT, BARON L.
615 HIGHWAY A1A, SUITE 101
PONTE VEDRA BEACH FL 32082**

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 607.0102 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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE

Richard M. Forbis - PUGS.

Signature, typed or printed name of registered agent and the applicable

(If title Registered Agent Signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

1.2 NAME
1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**300001777253
-04/11/96--01103--006
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)