

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PH 3: 16

DOCUMENT # P11010 (6)

1. Corporation Name

COASTAL TRADING POST, INC.

Principal Place of Business

**4290 HERSCHEL ST
JACKSONVILLE FL 32210**

Mailing Address

**4290 HERSCHEL ST
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1986

3a. Date of Last Report

02/18/1994

4. FEI Number

54-1379619

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**WILKINS, JOHN G.
1915 WOODMERE DRIVE
JACKSONVILLE FL 32210**

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:

(Signature of person appointed registered agent and 100% shareholder)

(Signature of person appointed registered agent and 100% shareholder)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
FALKNER, MARGARET R.
1322 SUSSEX PLACE
NORFOLK VA**

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
WILKINS, SUZANNE M.
1915 WOODMERE DRIVE
JACKSONVILLE FL**

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

**SD
WILKINS, JOHN G.
1915 WOODMERE DRIVE
JACKSONVILLE FL**

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

**TD
FALKNER, CHARLES L.
1322 SUSSEX PLACE
NORFOLK VA**

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claim not qualify for the exemption stated in Section 119.07(6)(b), 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. 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 officer or director with an address.

SIGNATURE:

[Signature]

S. WILKINS

(Signature and Typed or Printed Name of Signing Officer or Director)

1/10/95

Date

904-389-7678

Telephone Number