

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000001727 (6)

1. Corporation Name

COASTAL INNOVATIONS, INC.



Principal Place of Business

511 HERBERT ST.
UNIT A
PORT ORANGE FL 32119
US

Mailing Address

511-A HERBERT STREET
PORT ORANGE FL 32119
US

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

LUNDBERG, THOMAS N
1021 JUNE TERRACE
SUITE 6
DAYTONA BEACH FL 32119

3. Date Incorporated or Qualified

10/29/1992

3a. Date of Last Report

02/22/1995

4. FEI Number

59-3148858

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

10. Name and Address of New Registered Agent

81 Name

LUNDBERG, THOMAS N.

82 Street Address (P.O. Box Number is Not Acceptable)

2047 OAK MEADOW CIRCLE

83

SOUTH DAYTONA, FL

84 City

SOUTH DAYTONA

FL

85 Zip Code

32119

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

THOMAS N. LUNDBERG PRESIDENT 4-3-96

Signature typed or printed name of registered agent and telephone number

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

LUNDBERG, THOMAS N.

2047 OAK MEADOW CR.

SOUTH DAYTONA, FL 32119

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SIGNATURE:

THOMAS N. LUNDBERG

4-3-96

904-788-4993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)