FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P92000003579 (9)**

1. Corporation Name
COASTAL SOLUTIONS INC.

Principal Place of Business	Mailing Address
3749 AMESBURY LANE SARASOTA FL 34232 US	3749 AMESBURY LANE SARASOTA FL 34232-4406 US

3. Date Incorporated or Qualified: 11/06/1992
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business
21: 2802 Coldstream Drive
22 Suite, Apt. #, etc.: Tallahassee Fl
23 City & State: 32312 Leon
24 Zip:
25 Country:

2a. Mailing Address
26: 2802 Coldstream Dr
27 Suite, Apt. #, etc.:
28 City & State: Tallahassee Fl
29 Zip: 32312
30 Country: Leon

4. FEI Number: 59-3148473 ☐ 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

~~SOUTHWORTH, JORGE C~~
~~3749 AMESBURY LANE~~
~~SARASOTA FL 34232~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2802 Coldstream Drive
83:
84 City: Tallahassee **FL** 85 Zip Code: 32312

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	PT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SOUTHWORTH, JORGE C		1.2 NAME	
STREET ADDRESS	~~3749 AMESBURY LANE~~		1.3 STREET ADDRESS	2802 Coldstream Drive
CITY-ST-ZIP	~~SARASOTA FL~~		1.4 CITY-ST-ZIP	Tallahassee Fl 32312
TITLE	VS	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HOAGLAND, BARBARA A.		2.2 NAME	
STREET ADDRESS	~~3749 AMESBURY LANE~~		2.3 STREET ADDRESS	2802 Coldstream Drive
CITY-ST-ZIP	~~SARASOTA FL~~		2.4 CITY-ST-ZIP	Tallahassee Fl. 32312
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: Jorge C Southworth 2/5/97 904 422-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #