

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

FILED
Apr 24 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 # P93000015099 (3)

1. Corporation Name

COASTAL KAYAKS CO.

Principal Place of Business

4255 HWY A1A SOUTH
STE 3
ST AUGUSTINE FL 32084
US

Mailing Address

4255 HWY A1A SOUTH
STE 3
ST AUGUSTINE FL 32084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1993

4. FEI Number

59-3163662

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JORDANA, MARK JOSEPH
5384 RIVERVIEW DR
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

- NO CHANGE -

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

MARK JORDANA

4/19/98

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	JORDANA, MARK J	
STREET ADDRESS	5384 RIVERVIEW DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	JORDANA, GAIL ANN	
STREET ADDRESS	5384 RIVERVIEW DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORDANA, MARK J	
1.3 STREET ADDRESS	5384 RIVERVIEW DR.	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAIL ANN JORDANA	
2.3 STREET ADDRESS	- SAME -	
2.4 CITY-ST-ZIP		
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VARNADOE, HENRY	
3.3 STREET ADDRESS	4870 INCA COURT	
3.4 CITY-ST-ZIP	ORANGE PARK, FL	
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VARNADOE, SANDRA	
4.3 STREET ADDRESS	4870 INCA COURT	
4.4 CITY-ST-ZIP	ORANGE PARK, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 person or persons 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. I attach an attachment with an address

SIGNATURE

MARK JORDANA

MARK JORDANA

4/19/98

904/19/98

CR2E034 (10/97)