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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047348

Principal Place of Business

SIGNATURE:

COAST DISTRIBUTING OF BAY COUNTY, INC.

| NAME | 224 BOCA SHO PANAMA CITY (| DRES DRIVE BEACH FL 32408 | 224 BOCA SHORES DRIVE Panama City Beach FL 32408 | | | | | DO NO | WRITE IN TH | S SPACE | |
|--|--------------------------------|---|---|---------------|------------|-------------------------|--------------------------------|---|-------------------------------------|----------------|---------------------------------------|
| Suita, Aju. #, etc. | | | | | | | 06/29 | /1993 | alifed | | |
| Sulle, Ayl, If, Et etc. Sulle, Apt. If, etc. Sulle, Apt. If, et | 2. Principal Place of Business | | 2a. Mailing Address | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| City & Sale City & State Cit | 21 | | | | | | 59-31 | 188279 | | | |
| Trust Fund Contribution Added to Fees | 22 | | 27 | | | | 5. Certifca | ite of Status Desi | red 🗌 | , | |
| 25 29 30 Personal Property Tax. Ul vs. I No. | | e | ⊢ ′ | | | | | | ncing | 7 | , |
| STEIN, AMANDA K 224 BOCA SHORES DRIVE PANAMA CITY BEACH FL 32408 | — | <i>`</i> | <u> </u> | າ ໌ | | | Person | al Property Tax. | | Yes | []No |
| STEIN, AMANDA K | | 9. Name and Add ess of Current | Registered Agent | _ | | | 10. Name | and Address of | New Registered | Agent | |
| 224 BOCA SHORES DRIVE PRINAMA CITY BEACH FL 32408 82 Street Acdress (P.O. Box Number is Not Acceptable) 83 Street Acdress (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Cide 85 Zip Cide 86 City FL 85 Zip Cide 87 City FL 85 Zip Cide 88 Zip Cide 89 City FL 85 Zip Cide 80 City FL 85 Zip C | C7:E1 | AL ASSAUDA IZ | | 81 | Nam | le | | | | | |
| 11. Pursuant to the provisions of Sr ctions 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 subtracted by the 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 subtracted by the corporation is board of crectors. Thereby accept the approximent as registered office or registered agent, or both, in the State of Florida. Such change was subtracted by the corporations board of crectors. Thereby accept the approximent as registered office or registered agent, or both, in the State of Florida. Such change was subtracted by the corporations board of crectors. Thereby accept the approximent as registered office or registered agent, or both in the State of Florida. Such change was subtracted by the corporations board of crectors. Thereby accept the approximent as registered agent, or both of crectors. Thereby accept the approximent as registered office or registered agent, or both of crectors. Thereby accept the approximent as registered agent, or both of crectors. Thereby accept the approximent as registered office or registered agent, or both of crectors. Thereby accept the approximent as registered agent, or both of crectors. Thereby accept the approximent as registered agent, or both of crectors. Thereby accept the approximent as registered agent, and accept the approximent agent and accept the approximent agent and accept the | 224 | BOCA SHORES DRIVE | | L | Stre | et Addres | ss (P.O. Box | Number is Not A | cceptable) | | |
| The present to the provisions of Scitions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the approintment as registered agent, I am familiar with, and accept the colligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS ANI DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS, IND DIRECTORS IN 12 PAMAE STEIN, HOWARD STEIN, AMANDA K STEIN, ST. OBLIETE ST. OBLIETE ST. OBLIETE ST. OBLIETE ST. ST. OBLIETE ST. OB | PAN | AMA CHY BEACH FL 32408 | | 83 | | | | | | | |
| office cr registered agent, or bo h, in the State of Florida. Such change was .utthorized by the corporation's board of crectors. I hereby accept the approximent as registered agent. I may make agent. I may make agent. I may be obligations of, Section 607.0505, Fishidad Statutes. 12. | | | | 84 | City | | | | F | 85 Zip | Code |
| 12. | office cr n agent. I a | egistered agent or both in the State of | of Florida. Such change was autho | orized by | the co | ed corpor proreition | ration submit is board of (| is this statement t irectors, I hereby | or the purpose 3 accept the appo | i changing its | s registered eg stered |
| TITLE | SIGNATURE | Signature, typed or printed na ne of registered agent | and title if applicable. (NOT :: Reç | gistered Ager | nt signatu | re required v | when reinstating) | | DATE | | |
| STEIN, HOWARD 12 MME 13 STREET ADDRESS PANAMA CITY BEACH FL 32403 14 CITY-ST-ZIP | 12. | OFFICERS AND | | 13. | | | ADDITIO | NS/CHANGES T | O OFFICERS A | | |
| STREET ADDRESS 224 BOCA SHORES DRIVE | TITLE | P | ☐ DELETE | 1.1 TITLE | | | | | | Change | ☐ Addition |
| CITY-ST-ZP | NAME | | | 1.2 NAME | | | | | | | |
| STEIN, AMANDA K STEIN, AMANDA K 22 NAME 23 STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32408 DELETE 31 TITLE Change Additional City ST-ZIP Additional City ST-ZIP Additional City ST-ZIP DELETE 31 TITLE Change Additional City ST-ZIP Ad | STREET ADDRESS | | | 1.3 STREET | T ADDRÉ | ss | | | | | |
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| NAME | | | — □ DELETE | | T-ZIP | | | | | C) Change | Addition |
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| DELETE 61 TITLE Change Addition Ad | | | | | | - | | | | | |
| NAME 62 NAME | | | ☐ DELETE | | - L-ZII | | | | | Change | Addition |
| NAME 62 CTUEST MODIFIES | | | OLCCIA | | | | | | | | _ |
| | NAME STREET ADDRESS: | | | 6.3 STREE | T ADDRE | ss | | | | | |

14. Hereby certify that the information supplied with this filing does not qualify for the exymption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify that the information indicated on this annual report of supplemental annual report is true and an urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conforation or the receiver or trustee empowered to execut this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if chapted, or on an abschment with an adjustes, with all other tike empowered.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90189 008 ***150.00