

1-24-97 B 0720 XC  
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FILED  
Jan 24 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 # P93000062496 (3)

1. Corporation Name  
COASTAL CREMATION & SHIPPING, INC.



Principal Place of Business

29 OLD KINGS RD  
STE 7-A  
PALM COAST FL 32137  
US

Mailing Address

29 OLD KINGS RD  
STE 7A  
PALM COAST FL 32137-8232  
US

3. Date Incorporated or Qualified  
09/01/1993

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

21 29 Old Kings Rd

2a. Mailing Address

26 29 Old Kings Rd.

4. FEI Number  
59-3204937

Applied For  
☒ Not Applicable

Suite, Apt. #, etc.

22 Ste. 7-A

Suite, Apt. #, etc.

27 7-A

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 Palm Coast, Fl. 32137

City & State

28 Palm Coast, Fl. 32137

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 32137

Country

25 Flagler

Zip

29 32137

Country

30 Flagler

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, RONALD N  
326 S GRANDVIEW AVE  
DAYTONA BEACH FL 32118

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 or type (for printed name of registered agent, and if filed applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
KINNETT, LEO  
STREET ADDRESS 77 BRANDY HILLS DR  
CITY- ST- ZIP PORT ORANGE FL 32119

TITLE ☐ DELETE

NAME STD  
VANEST, DWIGHT  
STREET ADDRESS 167 RIDGEWOOD AVE  
CITY- ST- ZIP HOLLY HILL FL 32117

TITLE ☐ DELETE

NAME VD  
WOODWARD, DAVID  
STREET ADDRESS 167 RIDGEWOOD AVE  
CITY- ST- ZIP HOLLY HILL FL 32117

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

Leo Kinnett  
SIGNED AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 904-445-7077  
Date Daytime Phone #

0023765

CR2E034 (9/96)