

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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000028375 (1)

**1. Corporation Name
COASTLINE SEAWALL INC.**

Principal Place of Business

**4918 NE 19 AVE
POMPANO BEACH FL 33064**

Mailing Address

**4916 NE 19 AVE
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1994

3a. Date of Last Report

2. Principal Place of Business

**21 550 NW 16th St.
Suite, Apt. #, etc.**

2a. Mailing Address

**26 550 NW 16th St.
Suite, Apt. #, etc.**

4. FEI Number

65-0482837

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**

**7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HARDY, DION
4918 NE 19 AVE
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

KIRKLAND, CLARENCE

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

550 N.W. 16th St

83

84 City

POMPANO BEACH

FL

85 Zip Code

33060

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

Clarence Kirkland

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

(NOTE: Registered Agent signature required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

**TITLE D
NAME HARDY, DION
STREET ADDRESS 4918 NE 19 AVE
CITY - ST - ZIP POMPANO BEACH FL 33064**

**TITLE D
NAME KIRKLAND, CLARENCE
STREET ADDRESS 550 NW 16 STREET
CITY - ST - ZIP POMPANO BEACH FL 33060**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
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

REMITTED BY MAY 1

\$87.76

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clarence Kirkland

(Signature and typed or printed name of signing officer or director)

04-22-95 781-3773

(Date)

(Telephone Number)