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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

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Mar 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY ST 28

appears in Block 12 or Block 13 if changed, or on an attachment with an address

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COASTAL PRINTING SERVICES, INC.

Principal Place of Business Mailing Address 1906 CAULEY AVE. 1906 CAULEY AVE. PANAMA CITY BEACH FL 32407-4829 PANAMA CITY BEACH FL 32407 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1996 05/13/1994 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 59-3245521 26 Not Applicable Suite, Apt. #, eta Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution ZuCountry Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRYSON, BRENDA R 105 GLADES TURN 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32407 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type for providing wire tregistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1011 1.1 TITLE Change Addition BRYSON, BRENDA R NAME 1.2 NAME CR2E034 105 GLADES TURN STREET ACTORES: 1.3 STREET ADDRESS PANAMA CITY BEACH FL CITY ST 7P 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-\$1-7P 2.4 CITY-ST-ZIP DELETE EllE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS ONY SI 7P 34. CITY-ST-ZIP DELETE 1 ILE Channe Addition 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZF 4.4 CITY - ST - ZIP DELETE TILLE 51 TITLE Channe Addition NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** Offy-St-2ft 5 4 CITY-ST-ZIP DELETE THEF 61 TITLE Change Addition NAME 62 NAME STREET ATORESS 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