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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000037071 (5)

COASTAL PRINTING SERVICES, INC.

## **FILED** Apr 02 1998 8:00am Secretary of State

Principal Place 1906 CAULE PANAMA CIT US		Mailing Address 1906 CAULEY AVE. PANAMA CITY BEACH FL	32407		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  05/13/1994			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	- IA	applied For	
	Panama City Beach Th	26			59-3245521	<del>  -   -  </del>	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional	
22 27					5. Certificate of Status Desired	Fee P	Required	
23 Parane City Beach, FL 28					6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip	Country	7	8. This corporation owes or has paid the c			
24 504	D 26 Day	29 3	0		Personal Property Tax due June 30.		□ No	
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Registere	1 Agent		
BRYSON, BRENDA R				Name	ane			
105 GLADES TURN			82	Street Add	Idress (P.O. Box Number is Not Acceptable)			
l PA	WAMA CITY BEACH FL 32407		63					
			84	City		<b>85</b> Zip	Code	
				1 7	rporation submits this statement for the purpose			
agent. I a	m familiar with, and accept the obligation of th	tions of, Section 607.0505, Floridate of the if applicable (NOTE: F	da Statute Registered Ag	<b>S</b> .	ation's board of directors. I hereby accept the ap			
12.	D OFFICERS AND	DELETE	13.	·· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition	
NAME	BRYSON, BRENDA R	□ becere	1.2 NAME			□ Criange	C Addition	
STREET ADDRESS	105 GLADES TURN			ADDRESS				
CITY-ST-ZIP	PANAMA CITY BEACH FL		1.4 CITY-:				Ì	
TITLE			2.1 TITLE	<u></u>		Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME				ŀ	
STREET ADDRESS			J	T ADDRESS			J	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		☐ Change	Addition	
NAME		☐ DELETE					☐ Mudition	
1			4. 2 NAME	1				
STREET ADDRESS CITY-ST-ZIP				T ADDRESS				
TITLE		DELETE	4.4 CITY -	51-212		Change	☐ Addition	
HAME			5.2 NAME					
STREET ADDRESS			•	T ADDRESS			l	
CITY-ST-ZIP			5.4 CITY-				ţ	
TITLE		DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS			1	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	:-			
14. I hereby o	certify that the information supplied with on this annual report or supplemental	h this filing does not qualify for	the exemp	otion stated in	n Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made	certify that the	e information	

officer or director of the corporation or the roceiver 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 effectively with any oddress.

By enda R. Bryson