

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000068686 (2)**

1. Corporation Name

COASTAL SECURITY CORPORATION



Principal Place of Business

**10773 INDIES DRIVE S.
JACKSONVILLE FL 32246**

Mailing Address

**10773 INDIES DRIVE S.
JACKSONVILLE FL 32246**

2. Principal Place of Business

21 **10709 Java Drive**

Suite, Apt. #, etc.

22

City & State

23 **Jacksonville, FL**

Zip

24 **32246**

Country

25 **USA**

2a. Mailing Address

26 **10709 JAVA DRIVE**

Suite, Apt. #, etc.

27

City & State

28 **Jacksonville, FL**

Zip

29 **32246**

Country

30 **USA**

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

04/12/1995

4. FEI Number

59-3265374

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SMITH, SAMUEL W

**10773 INDIES DRIVE S. 10709 Java Dr.
JACKSONVILLE FL 32246**

10. Name and Address of New Registered Agent

81 Name

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

10709 JAVA DRIVE

83

84 City

Jacksonville

FL

85 Zip Code

32246

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

Samuel W. Smith

(NOTE: Registered Agent signature required when registering)

5/29/96

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE
NAME **SMITH, SAMUEL W**
STREET ADDRESS **10773 INDIES DRIVE S. 10709 Java Dr.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS **10709 JAVA Dr.**
4. CITY-ST-ZIP **Jacksonville, FL 32246**

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Samuel W. Smith

SAMUEL W. Smith Pres.

5/29/96

904 641-5199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (12/95)