## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # P94000069695 (2)

COAST	CONTRACTING.	INC.



	e of Business	Mailing Address						
13268 SADDLE WAY BROOKSVILLE FL 34614		13268 SADDLE WAY BROOKSVILLE FL 3461	13268 SADDLE WAY BROOKSVILLE FL 34614					
					3. Date Incorporated or Qualified	1	3a. Date of Last Report	
					09/19/1994	08/	10/1995	
<del></del>	ace of Business	2a. Mailing Address			4. FEI Number		Appl-ed	
21		26			59-3267563		Not App	****
Suite, Apt a	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Addition	
City & State	)	City & State			6. Election Campaign Financing	ר	\$5.00 May 6	Be
23		28			Trust Fund Contribution		Added to Fee	s
Zıp	Country	Zip	Country	y	8. This corporation has liability for			032.
24	25	[29]	30		Florida Statutes	Yes	_No	
	9. Name and Address of Cu	urrent Registered Agent		Name	10. Name and Address of New R	tegistered A	gent	
CO	NDRON, SUSAN J		°'	Name				
	68 SADDLE WAY		82	Street Add	ress (P.O. Box Number is Not Accepta	ipie)		
BRO	OOKSVILLE FL 34614		83	<del> </del>				
			03					
			84	City			85 Zip Code	
				1		F <u>L</u>	<u> </u>	
11. Pursuant to	to the provisions of Sections 607 edistered agent, or both, in the S	' 0502 and 607, 1508, Florida Stat State of Florida. Such change was	tutes, the above s authorized by	e-named corp the corporate	oration submits this statement for the pon's board of directors. Thereby accept	purpose or o pt the appoir	reanging its register litment as register	red red
agent Lar	- Te to - Calc on all manifestation as	obligations of, Section 607.0505, I			•		-	
agentia	n ramii ar with, and accept the c	ipiigations or, section toor.coor, i	Florida Statutes	ò				
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SIGNATURE	Signature hypediociposted nue is af negative OFFICERS	ed agent and blie if applicable. (f	NOTE Registered Ag		rouwhen reastainigh ADDITIONS/CHANGES TO OFF			
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SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS	Signature typed or protect rise is of register OFFICERS P CONDRON, JOSEPH C 13268 SADDLE WAY	ed agent and blie if applicable. (f	13. 11 THE 12 NAME 13 STREE	end signature recipion				* * .
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I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statules 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 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR MENTED NAME OF SIGNING OFFICER OR DIRECTOR

Despire French

SIGNATURE: