

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000084481 (8)

1. Corporation Name

INTERCOASTAL MANAGEMENT SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:20

Principal Place of Business

~~834 COTTON BAY DR. 610
W PALM BEACH FL 33406~~

Mailing Address

~~834 COTTON BAY DR. 610
W PALM BEACH FL 33406~~

CORRECTIONS
↓

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

4. FEI Number

65-0542098

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PODVIN, JOYCE
834 COTTON BAY DRIVE #610
WEST PALM BEACH FL 33406

81. Name

AL KINKIE

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

8601 ROSALIE CT.

83.

84. City

DELRAY BEACH,

FL

85. Zip Code

33437

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

Al Kinkle

(Signature, typed or printed name of registered agent and the # applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

12.

OFFICERS AND DIRECTORS

TITLE

DP

NAME

KINKIE, AL

STREET ADDRESS

8601 ROSALIE CT

CITY - ST - ZIP

DELRAY BEACH FL 33437

TITLE

S

NAME

PODVIN, JOYCE

STREET ADDRESS

834 COTTON BAY DR

CITY - ST - ZIP

W PALM BEACH FL 33406

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

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 110.07(3)(b), 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:

Al Kinkle

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

6-14-95

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