FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000023837 (4)**

1. Corporation Name
COASTAL QUALITY SERVICES INC.

Principal Place of Business	Mailing Address
625 ~~1055~~ E. COAST DR. ATLANTIC BEACH FL 32233	625 ~~1055~~ E. COAST DR. ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified: 03/23/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 625 East Coast Drive
Suite, Apt. #, etc.
22
City & State
23 Atlantic Beach, FL
Zip 24 32233 Country 25 Duval

2a. Mailing Address
26 625 East Coast Dr.
Suite, Apt. #, etc.
27
City & State
28 Atlantic Beach, FL
Zip 29 32233 Country 30 Duval

4. FEI Number 59-3362114 ~~Applied For~~ ☐ 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

LESTER, GORDON W
625 ~~1055~~ E. COAST DR.
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 625 East Coast Drive
83
84 City FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Gordon W. Lester		1.2 NAME		
STREET ADDRESS	625 East Coast Drive		1.3 STREET ADDRESS		
CITY-ST-ZIP	Atlantic Beach, FL 32233		1.4 CITY-ST-ZIP		
TITLE	Vice President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Christine H. Lester		2.2 NAME		
STREET ADDRESS	625 East Coast Drive		2.3 STREET ADDRESS		
CITY-ST-ZIP	Atlantic Beach, FL 32233		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	900001869009	☐ Change ☐ Addition
NAME			5.2 NAME	-06/20/96--01024--029	
STREET ADDRESS			5.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	06-19-96 OK	

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

SIGNATURE: Gordon W. Lester — 2 May 96 — (904) 241-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gordon W. Lester

CR2E034 (12/95)