

**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 # **P95000035416 (3)**

1. Corporation Name  
**COASTAL GENERAL CONTRACTORS, INC.**



Principal Place of Business: **337 BAYSHORE BLVD., SOUTH SAFETY HARBOR FL 34695**  
Mailing Address: **337 BAYSHORE BLVD., SOUTH SAFETY HARBOR FL 34695**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>05/01/1995</b>	3a. Date of Last Report <b>1995</b>
21	<b>955 Harbor Lake Crt.</b> <small>Subst. Apt. #, etc.</small>	26	<b>P.O. Box 21611</b> <small>Subst. Apt. #, etc.</small>	4. FEI Number <b>59-3311330</b>	Applied For Not Applicable
22	<b>Suite B</b> <small>City &amp; State</small>	27	<b>Tampa, Fl. 33623</b> <small>City &amp; State</small>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	<b>Safety Harbor, Fl.</b> <small>Zip Country</small>	28	<b>Tampa, Fl. 33623</b> <small>Zip Country</small>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	<b>34695</b> <small>Zip Country</small>	29	<b>33623</b> <small>Zip Country</small>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**VOGT, JEFFREY D**  
**337 BAYSHORE BLVD., SOUTH SAFETY HARBOR FL 34695**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>D/President</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Vogt, Jeffery D.</b>
CITY- ST- ZIP		1.4 CITY- ST- ZIP	<b>955 Harbor Lake Ct,</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>Suite B</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Safety Harbor, FL. 34695</b>
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>\$208.75 2/5/96</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Deposited by Bank</b>
CITY- ST- ZIP		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: *Jeffery D. VOGT* DATE: *1/30/96*  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH-E034 (12/95)