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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000041174 (0)

1. Corporation Name

COASTAL EQUIPMENT SYSTEMS, INC.



Principal Place of Business

C/O JOHN T. CASSIDY
5287 NEW KINGS RD.
JACKSONVILLE FL 32209

Mailing Address

C/O JOHN T. CASSIDY
5287 NEW KINGS RD.
JACKSONVILLE FL 32209-2732

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 4196 HERSCHEL ST.

27 SUITE # 2

28 JACKSONVILLE, FLORIDA

29 32210 30

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3223719

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

YONG, FRANK J
ONE ENTERPRISES CENTER SUITE 1235
225 WATER ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CASSIDY, JOHN T
STREET ADDRESS 3855 MCGIRTS BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE EVPD ☐ DELETE

NAME CASSIDY, RICHARD C JR
STREET ADDRESS 5287 NEW KINGS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE STD ☐ DELETE

NAME WALTON, A. DON
STREET ADDRESS 5287 NEW KINGS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE C ☐ DELETE

NAME CASSIDY, RICHARD C SR.
STREET ADDRESS 5287 NEW KINGS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ DELETE

NAME CASSIDY, CAROL T
STREET ADDRESS 5287 NEW KINGS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ DELETE

NAME LANE, CLAUDIA C
STREET ADDRESS 5287 NEW KINGS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

904-924-9624

CR2E034 (9/96)