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Apr 10 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 # P95000041755 (6)

1. Corporation Name

COASTAL CLEANING SERVICE, INC.

Principal Place of Business

1385 MORNINGSIDE DRIVE
NAPLES FL 33940

Mailing Address

1385 MORNINGSIDE DRIVE
NAPLES FL 34103-3314

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 2272 AIRPORT RD., S.

2a. Mailing Address

26 2272 AIRPORT RD., S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 209

27 SUITE 208

City & State

City & State

23 NAPLES, FL

28 NAPLES, FL

Zip

Country

Zip

Country

24 34112

25

29 34112

30

9. Name and Address of Current Registered Agent

ATON, KIM
1385 MORNINGSIDE DRIVE
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

2272 AIRPORT RD., S., STE. 209

83

84 City
NAPLES

FL

85 Zip Code
34112

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME WALL, STEPHEN L
STREET ADDRESS 1385 MORNINGSIDE DRIVE
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE

D
NAME WALL, RICHARD
STREET ADDRESS 1385 MORNINGSIDE DRIVE
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/96)