

FILED

May 12 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | Mailing Address |
|---|---|
| 2272 AIRPORT ROAD SOUTH #209# NAPLES FL 34112 US | 2272 AIRPORT ROAD. SOUTH #209 NAPLES FL 34112 US |

| | | | |
|--------------------------------|-----------|---------------------|-----------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 2b | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | SUITE 208 | 27 | SUITE 208 |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| DO NOT WRITE IN THIS SPACE | | |
|--|----------------|-------------------------|
| 3. Date Incorporated or Qualified 05/22/1995 | | |
| 4. FEI Number 65-0017017 | Applied For | |
| | Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 | Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 | May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--|--------------------------|
| 9. Name and Address of Current Registered Agent | |
| ATON, KIM 2272 AIRPORT ROAD, SOUTH STE #209 NAPLES FL 34112 | 81 Name |
| | 82 Street Address |
| | 83 |
| | 84 City |

10. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)

_____ Suite 208

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE [Signature] DATE 4-23-78

| 12. OFFICERS AND DIRECTORS | | 13. | |
|----------------------------|------------------------------------|--------------------|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | |
| NAME | WALL, STEPHEN L | 1.2 NAME | |
| STREET ADDRESS | 1385 MORNINGSIDE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | WALL, RICHARD | 2.2 NAME | |
| STREET ADDRESS | 1385 MORNINGSIDE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | ATON, ANNE K | 3.2 NAME | |
| STREET ADDRESS | 2272 AIRPORT ROAD SOUTH, #209 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | |
| 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 | |
| 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 | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

272 AIRPORT RD., S., STE. 208
34112

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 *Amel (A)* Insp/Secs 4/25/98 741-371-0

CR2E034 (10/07)