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Apr 21 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 # P95000059019 (6)

1. Corporation Name

COASTAL HEALTH & NUTRITION, INC.



Principal Place of Business

Mailing Address

3011 W BAY VIEW
TAMPA FL 33611

3011 W BAY VIEW
TAMPA FL 33611-1619

2. Principal Place of Business

21 3011 W BAY VIEW

2a. Mailing Address

26 3011 W BAY VIEW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TAMPA, FL

27 City & State

28 TAMPA, FL

Zip

Country

24 33611

25 USA

Zip

Country

29 33611

30 USA

9. Name and Address of Current Registered Agent

DE MESA, JAMES M
3011 W BAY VIEW
TAMPA FL 33611

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

05/10/1996

4. FEI Number

59-3330839

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

10. Name and Address of New Registered Agent

81 Name

SAME

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DE MESA, JAMES M
STREET ADDRESS 3011 W BAY VIEW
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE
NAME STD
STREET ADDRESS DEMESA, JILL C
CITY-ST-ZIP 3011 W BAY VIEW
TAMPA FL 33611

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 DIRECTOR
1.2 NAME ADITA DEMESA
1.3 STREET ADDRESS 764 S. VILLAGE CIR.
1.4 CITY-ST-ZIP TAMPA, FL 33604
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Handwritten Signature] 415-971812 827-8477

CR2E034 (9/96)