

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000075550 (0)

1. Corporation Name

COASTAL CONSULTANTS, INC.



Principal Place of Business

Mailing Address

245 NE MAC ARTHUR BLVD #7
~~NO PALM BEACH #7 FL 34996~~

245 NE MAC ARTHUR BLVD #7
~~NO PALM BEACH #7 FL 34996~~

3. Date Incorporated or Qualified

09/27/1995

3a. Date of Last Report

2. Principal Place of Business

245 NE Mac Arthur Blvd.

2a. Mailing Address

245 NE Mac Arthur Blvd

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

Stuart, Florida

City & State

Stuart, Florida

Zip

34996

Country

Martin

Zip

34996

Country

Martin

4. FEI Number

65-0618140

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

10. Name and Address of New Registered Agent

KNOX, ROBERT T

420 US HWY ONE SUITE 11
NO PALM BEACH #7 FL 34996

(Address Incorrect)
(change only Address)

81. Name

SAME

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

420 U.S. Highway One
Suite 15 NN

83. City

North Palm Beach

FL

85. Zip Code

33408

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 the corporation

(If Not Registered Agent Signature to be printed when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME DE VORE, ANASTASIA J
STREET ADDRESS 245 NE MAC ARTHUR BLVD #7
CITY-ST-ZIP NO PALM BEACH #7 FL 34996

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D.P.S. DE VORE, Anastasia, J.
1.3 STREET ADDRESS 245 NE Mac Arthur Blvd, #7
1.4 CITY-ST-ZIP Stuart, FL 34996

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: Anastasia S. DeVore / Anastasia J. DeVore, Inc. April 29, 1996 407-221-0097
President

CR2E034 (12/95)