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 # **P95000085533 (4)**

1. Corporation Name
COASTAL SUPPLY, INC.

Principal Place of Business
370 COX ROAD
COCOA FL 32927

Mailing Address
370 COX ROAD
COCOA FL 32927

3. Date Incorporated or Qualified: 11/03/1995

3a. Date of Last Report: N/A

2. Principal Place of Business
21 370 Cox Road
State, Apt. #, etc.
22
City & State
23 Cocoa, FL
Zip 24 32927 Country 25 USA

2a. Mailing Address
26 P.O. Box 5
State, Apt. #, etc.
27
City & State
28 Sharpes, FL
Zip 29 32959 Country 30 USA

4. FEI Number: 59-3345734 — 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**
COOLEY, CHERYL I
370 COX ROAD
COCOA FL 32927

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Cheryl Cooley, CHERYL COOLEY, PRESIDENT 2-10-96
(Registered Agent signature required if name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COOLEY, CHERYL I
STREET ADDRESS 4060 CITRUS BLVD.
CITY, ST, ZIP COCOA FL 32926
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☐ 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 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 Cheryl Cooley Cheryl I Cooley, President 2-10-96 407-632-3924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)