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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000010944 (2)**

1. Corporation Name
COASTAL DRINKS & SNACKS, INC.

Principal Place of Business	*Mailing Address*
440-B WALKER STREET **HOLLY HILL FL 32117**	**440-B WALKER STREET** **HOLLY HILL FL 32117-2653**

3. Date Incorporated or Qualified: 02/01/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 450 WALKER Street
Suite, Apt. #, etc. 22
City & State 23 Holly Hill FL
Zip 24 32117 Country 25 USA

2a. Mailing Address
26 140 7th Street
Suite, Apt. #, etc. 27
City & State 28 Holly Hill FL
Zip 29 32117-3710 Country 30 USA

4. FEI Number: 59-3369658 ☐ 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

SEAMAN, CARL E
440-B WALKER STREET
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name: Seaman Carl E.
82 Street Address (P.O. Box Number is Not Acceptable): 140 7th Street
83
84 City: Holly Hill FL 85 Zip Code: 32117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEAMAN, CARL E		1.2 NAME		
STREET ADDRESS	140 7TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117		1.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEAMAN, LINDA		2.2 NAME		
STREET ADDRESS	140 7TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ CARL E. SEAMAN 4/29/97 904-239-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021488