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Feb 13 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 # P96000023516 (3)

1. Corporation Name
COASTAL MEAT & SEAFOOD, INC.

Principal Place of Business
4007 POST STREET
JACKSONVILLE FL 32205

Mailing Address
4007 POST STREET
JACKSONVILLE FL 32205-5344



2. Principal Place of Business

21 4840 DIGNAN St.

Suite, Apt. #, etc.

22 City & State
JAX. FLA.

23 Zip Country
32254 DUVAL

24 32254 25 DUVAL

2a. Mailing Address

26 4840 DIGNAN St.

Suite, Apt. #, etc.

27 City & State
JAX. FLA.

28 Zip Country
32254 DUVAL

29 32254 30 DUVAL

3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report
Feb 10, 1997

4. FEI Number
59-3366303

Applied For
Not Applicable

5. Certificate of Status Desired ☒ A

\$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

MCBAIN, JAMES A
2809 ART MUSEUM DRIVE #206
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Gregory V. BLAYLOCK SR.
82 Street Address (P.O. Box Number is Not Acceptable)
1612 LAUDER AVE
83 City Jacksonville FL 85 Zip Code 32208

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 Gregory V. BLAYLOCK SR. President/CEO Gregory V. Blaylock 2-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D President / CEO ☐ DELETE
NAME BLAYLOCK, GREGORY V SR
STREET ADDRESS 1612 LAUDER AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ DELETE
NAME BLAYLOCK, GREGORY V JR
STREET ADDRESS 1612 LAUDER AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ DELETE
NAME BLAYLOCK, CHRISTOPHER D
STREET ADDRESS 3180 N BENTRUP CIR
CITY-ST-ZIP CHANDLER AZ 85224

TITLE D ☐ DELETE
NAME BLAYLOCK, PHILLIP S
STREET ADDRESS 6652 GREENSHIRE DR
CITY-ST-ZIP INDIANAPOLIS IN 46220

TITLE D ☐ DELETE
NAME BLAYLOCK, KEITH E
STREET ADDRESS 319 N BARTOW ST
CITY-ST-ZIP CARTERSVILLE GA 30120

TITLE D ☐ DELETE
NAME WHEELER, JAMES G
STREET ADDRESS 1612 LAUDER AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President / CEO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 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: Gregory V. BLAYLOCK SR. President/CEO Gregory V. Blaylock (904) 389-9400 2-10-97
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)