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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**

3. Date Incorporated or Qualified **03/15/1996** 3a. Date of Last Report **Feb 10, 1997**

2. Principal Place of Business
21 **4840 DIGNAN St.** 2a. Mailing Address
26 **4840 DIGNAN St.**

4. FEI Number **59-3366303**
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **JAX. FLA.** 28 **JAX. FLA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32254** 25 **DUVAL** 29 **32254** 30 **DUVAL**

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 #208
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D President / CEO <input type="checkbox"/> DELETE	1.1 TITLE	President / CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYLOCK, GREGORY V SR	1.2 NAME	
STREET ADDRESS	1612 LAUDER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYLOCK, GREGORY V JR	2.2 NAME	
STREET ADDRESS	1612 LAUDER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYLOCK, CHRISTOPHER D	3.2 NAME	
STREET ADDRESS	3180 N BENTRUP CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHANDLER AZ 85224	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYLOCK, PHILLIP S	4.2 NAME	
STREET ADDRESS	6652 GREENSHIRE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46220	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYLOCK, KEITH E	5.2 NAME	
STREET ADDRESS	319 N BARTOW ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARTERSVILLE GA 30120	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, JAMES G	6.2 NAME	
STREET ADDRESS	1612 LAUDER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	6.4 CITY-ST-ZIP	

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 SR.* **2-10-97** **(904) 389-9400**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)