


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 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 # P96000030439 (9) 1. Corporation Name COASTAL SEAMLESS GUTTERS & WINDOWS, INC.			
Principal Place of Business 7006 ATLANTIC BLVD JACKSONVILLE FL 32211		Mailing Address 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8708	
2. Principal Place of Business 21 3207 - 3 Forest Blvd Suite, Apt. #, etc. 22 City & State 23 Jacksonville FL Zip 24 32246 Country 25 U.S.		2a. Mailing Address 26 P.O. Box 50613 Suite, Apt. #, etc. 27 City & State 28 Jacksonville Beach FL Zip 29 32240 Country 30 U.S.	
3. Date Incorporated or Qualified 04/01/1996		3a. Date of Last Report 04/01/1996	
4. FEI Number 59-3304307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent DRAVES, MICHAEL E 7006 ATLANTIC BLVD JACKSONVILLE FL 32211		10. Name and Address of New Registered Agent 81 Name Draves, Michael E 82 Street Address (P.O. Box Number is Not Acceptable) 8234 Lakemont Drive 83 84 City Jacksonville FL 85 Zip Code 32216	
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 Michael Draves DATE 4-25-97 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE DPV DRAVES, MICHAEL E 7006 ATLANTIC BLVD JACKSONVILLE FL 32211 <input type="checkbox"/> DELETE DST STANFILL, KELLY L 7006 ATLANTIC BLVD JACKSONVILLE FL 32211 <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	8234 Lakemont Drive Jacksonville FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 153 Coral Way Jacksonville Beach FL 32250 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Draves DATE 4-25-97 DAYTIME PHONE # 904 646-4486 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)