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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000103468 (0)

1. Corporation	RE COAST FARMS, INC.							
Principal Place of Business Mailing Address						II 14811 Gālas išliš	athid Shini	10(1) 1001
2062 CORTEZ AVE. 2062 CORTEZ AVE. VERO BEACH FL 32960-4125								
					3. Date Incorporated or Qualified 12/26/1996	3a. Date	of Last Ro	eport
—¬¬	tace of Business	2a. Mailing Address			4. FEI Number 65-0715236	•		plied For
Suite, Apt	#, etc	Suite, Apt. #, etc.						ot Applicable Additional
22	·	27			Certificate of Status Desired	<u> </u>	Fee Re	
City & State)	City & State			6. Election Campaign Financing		\$5.00	
23 Zip	Country	28 Z(p	Country		Trust Fund Contribution		Added t	
24	25	mman .	30		8. This corporation has liability for Florida Statutes	intangible tax		. 199.032,
	9. Name and Address of Current				10. Name and Address of New Re			
	, WARREN W		81 Nan	ne S.	K. Russell			
1515 U.S. HWY 47			82 Stre	et Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	E 201 Aspain FL 32958		83	20	62 Cortez Avenue		·	
/ 350/	HOTAIN PL 32830				L			
			84 City	Ve	ro Beach		32	Code 960
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State om tri familiar with, and accept the obligat	and 607.1508, Florida Statuti	es, the above-nam	ed corpo	pration submits this statement for the	purpose of ch	anging it	s registered
agent Lai	rn familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Statutes.	orporatic	or s board or orectors, i hereby acce	pi ine appoini	meni as	registered
SIGNATURE		ef s. k.	Russell Registered Agent signs	Pr	esident 4	/22/97 DATE		
12,	Signature Typed or printed name it registered agent OFFICERS AND		13,	kure requires	ADDITIONS/CHANGES TO OFFI		RECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		P/VP/S/T		Change	Addition
NAME	RUSSELL, S.K.		1.2 NAME					
STREET ADDRESS	2062 CORTEZ AVE. VERO BEACH FL 32960		1.3 STREET ADORES	SS				4
CITY-ST-ZIP	VERU DEAUTI PL 32800	DELETE	1.4 CITY-ST-ZIP 2.1 TIFLE	-			Change	Addition
NAME		DELEVE	2.2 NAME			L	Chango	L. J PAGGION
STREET ADDRESS			2.3 STREET ADDRES	ss	2.0			İ
C(TY+S1+7)P			2. 4 CITY - ST - ZIP					
THILE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					4
STREET ADDRESS			3.3 STREET ADDRES	SS				
CITY- \$T-ZII ² TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME			4. 2 NAME				-	
STREET ADDRESS			4.3 STREET ADDRES	ss				
City - \$1 - 7IP			4.4 CITY - ST - ZIP			····		
TITSF		DELETE	5.1 TITLE			Ш	Change	Addition
NAME STREET ADDRESS			5.2 NAME	ec l				ļ
CITY-ST-2IF			5.3 STREET ADDRES	50				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					ļ
STREET ADDRESS			6 3 STREET ADORE	SS				
CITY-S1-20P			6.4 CITY-ST-ZIP	1				. 1

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.

FILED

Apr 29 1997 8:00am

Secretary of State