

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000001519

1. Corporation Name
COASTAL PRODUCTIONS, INC.

Principal Place of Business
1161 PALMER WOOD CT
SARASOTA FL 34236

Mailing Address
P O BOX 956
TALLEVAST FL 34270

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90120 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0725228

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 owes the current year intangible
Personal Property Tax ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIBLES, KATHRYN P
226 DELMAR AVE
SARASOTA FL 34243

81 Name

SHIBLES, KATHRYN P

82 Street Address (P.O. Box Number is Not Acceptable)

1903 Pompano Ave N.

83

84 City

SARASOTA

FL

85 Zip Code

34234

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 *Kathryn Shibles, Sec*

Kathryn Shibles

3-15-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE
NAME KERR, R. W. JR.
STREET ADDRESS 226 DELMAR AVE
CITY-ST-ZIP SARASOTA FL 34243

11 TITLE PT ☒ Change ☐ Addition
12 NAME KERR, R. W. JR.
13 STREET ADDRESS 315 Timberlake Dr
14 CITY-ST-ZIP Bradenton, FL 34210

TITLE S ☐ DELETE
NAME SHIGLES, KATHRYN
STREET ADDRESS 226 DELMAR AVE
CITY-ST-ZIP SARASOTA FL 34243

21 TITLE S ☒ Change ☐ Addition
22 NAME SHIGLES, KATHRYN
23 STREET ADDRESS 1903 Pompano Ave N
24 CITY-ST-ZIP SARASOTA, FL 34234

TITLE D ☐ DELETE
NAME KERR, KATHRYN
STREET ADDRESS 226 DELMAR AVE
CITY-ST-ZIP SARASOTA FL 34243

31 TITLE D ☒ Change ☐ Addition
32 NAME KERR, KATHRYN
33 STREET ADDRESS 315 Timberlake Dr
34 CITY-ST-ZIP Bradenton, FL 34210

TITLE D ☐ DELETE
NAME KERR, CYNDI
STREET ADDRESS 226 DELMAR AVE
CITY-ST-ZIP SARASOTA FL 34243

41 TITLE D ☒ Change ☐ Addition
42 NAME KERR, Cyndi
43 STREET ADDRESS 1903 Pompano Ave N
44 CITY-ST-ZIP Sarasota, FL 34234

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Kathryn P Shibles, Sec*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99
Date

Daytime Phone #

CR2E034 (1/98)