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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

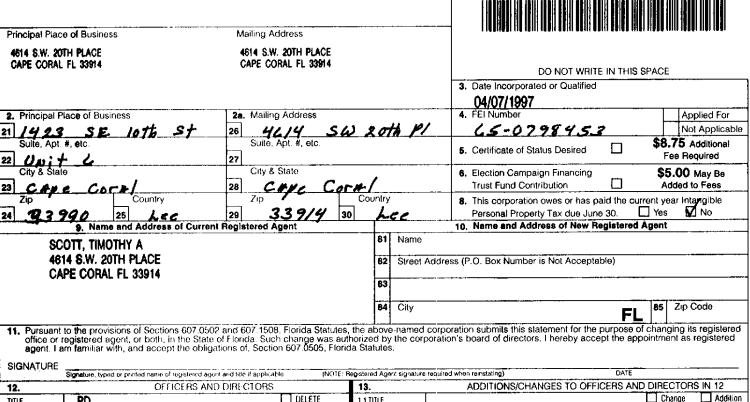
## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000031371 (2)

**COASTAL APPLIANCE INC.** 

## **FILED** May 06 1998 8:00am Secretary of State



DELETE ☐ Change 1.1 TITLE TITI F **SCOTT, TIMOTHY A** 1.2 NAME NAME STREET ADDRESS 4614 S.W. 20TH PLACE 1.3 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 1.4 CITY - ST - ZIF DELETE Change \_\_\_ Addition 21 TITLE TITLE MILLINGTON, JAMES R NAME **.15 GLENMONT DRIVE WE**ST 2.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33917 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE **SCOTT, JEANNE C** NAME 3.2 NAME 4614 S.W. 20TH PLACE 3.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME MILLINGTON, CANDY --4. 2 NAME STREET ADDRESS **15 GLENMONT DRIVE WEST** 4.3 STREET ADDRESS FORT MYERS TE 33917 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition \_\_\_ DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP 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 suppliemental 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.