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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031371 (2)

1. Corporation Name

COASTAL APPLIANCE INC.



Principal Place of Business

Mailing Address

4614 S.W. 20TH PLACE
CAPE CORAL FL 33914

4614 S.W. 20TH PLACE
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

2. Principal Place of Business

2a. Mailing Address

21 1423 SE 10th St
Suite, Apt. #, etc.

26 4614 SW 20th Pl
Suite, Apt. #, etc.

4. FEI Number

65-0798453

Applied For

Not Applicable

22 Unit 6

27 City & State

23 Cape Coral
Zip

28 Cape Coral
Zip

24 33990

25 Lee

29 33914

30 Lee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, TIMOTHY A
4614 S.W. 20TH PLACE
CAPE CORAL FL 33914

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD ☐ DELETE
NAME SCOTT, TIMOTHY A
STREET ADDRESS 4614 S.W. 20TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ~~MD~~ ☒ DELETE
NAME ~~MILLINGTON, JAMES R~~
STREET ADDRESS ~~15 GLENMONT DRIVE WEST~~
CITY-ST-ZIP ~~FORT MYERS FL 33917~~

TITLE ~~MD~~ ☐ DELETE
NAME SCOTT, JEANNE C
STREET ADDRESS 4614 S.W. 20TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ~~MD~~ ☒ DELETE
NAME ~~MILLINGTON, CANDY~~
STREET ADDRESS ~~15 GLENMONT DRIVE WEST~~
CITY-ST-ZIP ~~FORT MYERS FL 33917~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

CR2E034 (10/97)