

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000066743**

1. Corporation Name

COASTLINE DRYWALL, INC.

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90013 001 \*\*\*150.00

0005713



Principal Place of Business Mailing Address

722 TANGER DRIVE  
JACKSONVILLE FL 32225

11722 TANGER DRIVE

JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/31/1997**

4. FEI Number

**59-3464060**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year  
Intangible Personal Property.

Yes  No

10. Name and Address of New Registered Agent

81 Name **KIGHT, DARWIN**

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

**9279 TOPOHILL CT.**

83

84 City **JACKSONVILLE** FL 85 Zip Code **32225**

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS ZIP	PVPT KIGHT, DARWIN 11722 TANGER DR JACKSONVILLE FL 32225	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PVPT KIGHT DARWIN 9279 TOPOHILL CT JACKSONVILLE FL 32225</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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 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 block 12 or Block 13 if changed, or on an attachment with an address.

NATURE: *Darwin Kight* TRED JULY 6, 1999 (904)745-0021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

585120-10015-1  
P97000066743

TO WHOM IT MAY CONCERN,

PLEASE RECONSIDER THE PENALTY FOR LATE  
PAYMENT, I DID NOT RECIEVE THE FIRST NOTICE, BECAUSE I WAS IN  
THE PROCESS OF CHANGING ADRESSES. MY DOCUMENT INDICATES  
THE NEW ADDRESS. YOUR CONSIDERATION IN THIS MATTER WOULD  
GREATLY BE APPRECIATED.

THANKYOU,

*Darwin Kight*  
DARWIN KIGHT