

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

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

07-09-1999 90013 001 ***150.00

DOCUMENT # **P97000066743**

1. Corporation Name

COASTLINE DRYWALL, INC.

Principal Place of Business

**722 Tanager Drive
Jacksonville FL 32225**

Mailing Address

**11722 Tanager 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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

☒ Yes ☐ No

Principal Place of Business

9279 TOPOHILL CT

Suite, Apt. #, etc.

2a. Mailing Address

9279 TOPOHILL CT.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

Zip

32225

Country

DUVAL

City & State

JACKSONVILLE FL.

Zip

32225

Country

DUVAL

9. Name and Address of Current Registered Agent

**KIGHT, DARWIN
11722 Tanager Drive
Jacksonville FL 32225**

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

ADDRESS
F-ZIP
**PVPT
KIGHT, DARWIN
11722 Tanager Dr
Jacksonville FL 32225**

☐ DELETE

ADDRESS
F-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**PVPT
KIGHT DARWIN
9279 TOPOHILL CT
JACKSONVILLE FL 32225**

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE: **Darwin Kight** **RECORDED JULY 6, 1999** **(904) 745-0021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

585125-10013-1
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