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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90259 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000074380

1. Corporation Name

COASTAL MINING, INC.

Principal Place of Business

Mailing Address

16100 ALICO RD
FT. MYERS FL 33912
US

18501 MURDOCK CIRCLE
STE 302
PORT CHARLOTTE FL 33948
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

65-0778088

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 4055 Tamiami Trail

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 Zip

Country

24

25

29 33952

30 Charlotte

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIRCHFIELD, ROBERT G
22385 TENNYSON AVE
PORT CHARLOTTE FL 33954

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

TITLE D
NAME BIRCHFIELD, ROBERT G
STREET ADDRESS 22385 TENNYSON AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE D
NAME BIRCHFIELD, ROBERT E
STREET ADDRESS 22385 TENNYSON AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE D
NAME BIRCHFIELD, CONNIE I
STREET ADDRESS 22385 TENNYSON AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

☐ Change

☐ Addition

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☐ Addition

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: *Robert G Birchfield* *Connie I Birchfield* 4/28/99 941 625 0844

CR2E034 (11/98)

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