## 4. 3. 98 B 4143 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 03 1998 8:00am

Secretary of State

94.753 8505

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS CITY-ST-ZIP

P97000076540 (8)

	COAST POWER, INC.								
Principal Plac	Mailing Address								
6108 28TH S' BRADENTON	6108 26TH STREET EA BRADENTON FL 34203				DO NOT WRIT	E INTHIS!	SPACE		
						3. Date incorporated or Qualified	. 114 11110 0		
						09/04/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		- Ap	phed For
21 26						65-0778095		No	t Applicabl
Suite, Apt. #, etc Suite, Apl. #			2.			5. Certificate of Status Desired		\$8.75	
27								oquired	
City & State City & State						6. Election Campaign Financing	r	\$5.00	
23		28				Trust Fund Contribution	<u>L.</u>	Added t	
Zip	Country	Zφ	Cour	ntry		8. This corporation owes or has p			angible ∃ No
24	25 25 Name and Address of Curre	29	30			Personal Property Tax due Jun  10. Name and Address of New R			<u> </u>
1/14		B1 N	lame	10. Hallo allo Acoless of Ren 11	ogistoreo ,	190111			
KING, CLIFFORD 1800 SECOND STREET SUITE 855				<b>62</b> S	treet Addr	dress (P.O. Box Number is Not Acceptable)			
	RASOTA FL 34236	,				Soli (1 . o. Dov (16.11)	····-		
				83					
			<b>†</b>	<b>84</b> C	ily			<b>85</b> Zip (	Code
						oration submits this statement for the	FL	<u> </u>	
SIGNATURE	Stynature, typind or printed name of registered as	jentarid titk if applicable (N ND DIRECTORS	Registered	Agent si	unature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	RS IN 12
TIFLE	Pres. Sect.			1.1 TITLE 1.2 NAME				☐ Change	Additio
NAME	Chris Canfield		1.2 NA						
STREET ADDRESS 4360 Winners Cr. #2814			1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	Sarasota FL 34		: 1.4 CITY - ST - ZIP		P				
TITLE	Vice Pres.	DELETE	2.1 111	LE				Change	Additio
NAME	David Hinkel								
STREET ADDRESS 8305 12th Ave. Dr. E			2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY+ S1 - Z+P				<u> </u>	
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NAME			3.2 NA						
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TITLE			5.1 TH						
NAME					incec				
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TITLE		☐ OCLETE	5.4 CI 6.1 1(1	Lf	IP .			Change	Additio

6.3 STREET ADDRESS

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in