FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

(1)

PROFIT CORPORATION ANNUAL REPORT

1999

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

APPROVED AND FILED

'99 APR -8 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000109190

1. Corporation Name

COASTAL LAND MANAGEMENT, INC.

Principal Place of Business / Mailing Address

6833 OLD FEDERAL Rd.
QUINCY, FL. 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 12-31-97

4. FEI Number: 59-3500989 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Effective Contingent 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 6833 OLD Federal Rd	26 6833 OLD Federal Rd
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: QUINCY, FL	28 City & State: QUINCY, FL.
24 Zip: 32351 25 Country	29 Zip: 32351 30 Country

9. Name and Address of Current Registered Agent

H. SCOTT POPPELL
6833 OLD Federal Rd
QUINCY, FL. 32351

10. Name and Address of New Registered Agent

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 607.1506, 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] 040899

(If changing Registered Agent, Registered Agent's signature required below) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	[ ] Change [ ] Add
NAME	H. SCOTT POPPELL	12 NAME	
STREET ADDRESS	6833 OLD Federal	13 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL. 32351	14 CITY-ST-ZIP	
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: [signature] H. Scott Poppell Pres. 040899 556-5828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

TO WHOM IT MAY CONCERN,

CONSTAL LAND MGMT, INC. DID NOT RECEIVE THE YEARLY REPORT FORM FOR 1998.

THANKS,

H. C[illegible]