

09151999-90009-020-\$550.00-\$550.00

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000009146 ✓
1. Corporation Name
COASTAL IMAGES, INC.

Principal Place of Business
15 HARBOUR PT. DR.
CRAWFORDVILLE FL 32327

Mailing Address
15 HARBOUR PT. DR.
CRAWFORDVILLE FL 32327

2. Principal Place of Business
21 82 COMMENCE ST

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 APALACHICOLA

City & State
28

Zip
24 32320

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent
ATCHISON, ROBERT P
15 HARBOUR PT. DR.
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/27/1988

4. FEI Number
59-3501803

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

7. This corporation owes the current year Intangible Personal Property. Yes No

10. Name and Address of New Registered Agent

81 Name
STANFORD MORSE

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

83

84 City
APALACHICOLA FL 85 Zip Code
32320

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: STANFORD MORSE DATE: 9/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	STANFORD MORSE
STREET ADDRESS		1.3 STREET ADDRESS	82 COMMENCE ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(X), 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.

SIGNATURE: STANFORD MORSE DATE: 9/2/99 TIME: 757 208 08360

FILED
99 OCT 13 AM 9:05
SECRETARY OF STATE
FLORIDA

CR2E034 (5/98)