COF ANNL	NOW: FILING PROFIT RPORATION JAL REPORT 1998		FLORIE S	DA DEPAR Sandra B Secretar	TMENT OF STATE . Mortham y of State :ORPORATIONS	Jan 28 19 Secreta		
	n Name	25362		2)				
COAST	TO COAST CONS	TRUCTION	SERVICES,	INC.		I TARIKATA ILA KARATARIA KITA KITA		NATIONAL AND
rincipal Plac	e of Business		Mailing Addres	s	<del></del>			
1137 DUNCAN DR WINTER SPRINGS FL 32708			1137 DUNCAN WINTER SPRIN		08	DO NOT WRITE IN THIS SPACE		
						<ol> <li>Date Incorporated or Qualified 01/16/1991</li> </ol>		
. Principal Pi	lace of Business	-	2a. Mailing Add	ress		4. FEI Number 59-3046496		Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #	, etc	· ·	5. Certificate of Status Desired	<b>58.7</b>	5 Additional
City & State	e		27 City & State			6. Election Campaign Financing		Required O May Be
Zip	Country		28 Zip		Country	Trust Fund Contribution	Adde	d to Fees
	25		29		30	8. This corporation owes or has p Personal Property Tax due Jun	e 30. 🛛 Yes	
18/1	9. Name and Address	s of Current R	egistered Agent		81 Name	10. Name and Address of New R	egistered Agent	
	LLIAMS, GREGG 37 DUNCAN DR					dress (P.O. Box Number is Not Accepta	able)	
Wi	NTER SPRINGS FL 327	708			83			
					03			
						····		
- Burguant	to the providions of Section	000 607 0502 2	ad 607 1508 Elor	ida Statute	84 City	rooration submits this statement for the		p Code
IGNATURE					s, the above-named cou uthorized by the corpora rida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acco	purpose of changing ept the appointment	•
IGNATURE	Signature, typed or printed name of		d title if applicable.				PL     purpose of changing	j its registered as registered
IGNATURE 2. Re	Signature, typed or printed name of OFF	f registered agent an	d title if applicable.		is, the above-named cou uthorized by the corpora- rida Statutes. Registered Agent signature requ 13.	uired when reinstating)	PL     purpose of changing	g its registered as registered
GNATURE 2. LE ME	Signature, typed or printed name o OFF PD WILLIAMS, GREGG	f registered agent an	d title if applicable.	(NOTE	s, the above-named cou uthorized by the corpora- rida Statutes, Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE	g its registered as registered
IGNATURE	Signature, typed or printed name of OFF	registered agent an	id title if applicable. IRECTORS	(NOTE	is, the above-named cou uthorized by the corpora- rida Statutes. Registered Agent signature requ 13.	uired when reinstating)	PL   purpose of changing pot the appointment DATE ICERS AND DIRECTO Chang	Dits registered as registered DRS IN 12 e Addition
IGNATURE 2. ILE ME REET ADDRESS IY - ST - ZIP ILE	Signature, typed or printed name o OFF PD WILLIAMS, GREGG 1137 DUNCAN DR	registered agent an	id title if applicable. IRECTORS	(NOTE	s, the above-named cou uthorized by the corpora- rida Statutes. Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE	uired when reinstating)	DATE	Dits registered as registered DRS IN 12 e Addition
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