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 May 08 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # S33571 (8)  
 1. Corporation Name  
 COASTAL ENVIRONMENTAL SERVICES, INC.



Principal Place of Business: 631 MAIN ST. STE C SAFETY HARBOR FL 34695 US  
 Mailing Address: P. O. BOX 111 SUITE 131 SAFETY HARBOR FL 34695-0111 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date incorporated or Qualified: 02/21/1991  
 3a. Date of Last Report: 04/10/1996  
 4. FEI Number: 59-3065246 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes (checked) No

9. Name and Address of Current Registered Agent  
 MENKEMEYER, H. CHRIS  
 121 HARBOR WOODS CIRCLE  
 SAFETY HARBOR FL 34695

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 607.1508, 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: *H. C. Mrs Menkemeyer*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CEO	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKEMEYER, CHRIS	1.2 NAME
STREET ADDRESS	121 HARBOR WOODS CIRCLE	1.3 STREET ADDRESS
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP
TITLE	ST	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE, ULMER E.	2.2 NAME
STREET ADDRESS	5103 BONNEDALE CT.	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		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		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		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

VP  
 LINDA Menkemeyer  
 121 Harbor Woods Circle  
 Safety Harbor, FL 34695

14. I do 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.

SIGNATURE: *H. C. Mrs Menkemeyer* M 1 1997 8:279732216

CR2E034 (9/96)