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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(1)

1. Corporation Name COASTAL DEVELOPMENT CONSULTANTS, INC.

OUNDIAL DEVILOR MILIT	1 Octoberation me
Principal Place of Business	Mailing Address
1234 TIMBERLANE ROAD TALLAHASSEE FL 32312	1234 TIMBERLANE ROAD TALLAHASSEE FL 32312



City & State City & State City & State Zip Country Zip Country Zip Country Zip Signare and Address of Current Registered Agent Toust Fund Corrupaign Financing Trust Fund Contribution Trust Fund Country 8. This corporation has kiability for in Florida Statutes This Fund Country Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Country 8. This corporation has kiability for in Florida Statutes This Fund Country Trust Fund Country 8. This corporation has kiability for in Florida Statutes This Fund Country This Fund Country Trust Fund	3a. Date of Last Report 05/01/1995 Applied For
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City & State 28 Zip Zip Country Zip Country 29 30 Name and Address of Current Registered Agent JOHNSON, BEN 1234 TIMBERLANE ROAD TALLAHASSEE FL 32312 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes the above named corporation submits this statement for the purrour egistered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Hereby accept the apportance with, and accept the obligations of, Section 607.0506, Fiorida Statules. Signature type of possthane diagetime layed above the layed above special special agent agent. Signature type of possthane diagetime layed above the layed above composition is possible to the appointment of the purposition of the proposition of the propositio	\$8.75 Additional Fee Required
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	DATE CERS AND DIRECTORS IN 12
DOUGH 17716	☐ Change ☐ Addition
NAME JOHNSON, BEN	
STREET ADDRESS 133 TIMBERLANE RD. 13 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 14 CITY-ST-ZIF	
DILE DELETE 2 1 TITLE	☐ Change ☐ Addition
NAME 2.2 NAME	
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CITY-ST-7IP	Change Addition
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STREET ADDRESS CITY-SI-ZIP 34 CITY SI-ZIP	
TITLE DELETE 4 1 TITLE	Change Addition
NAME 4 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	Change Addition
TITLE DELETE 5 1 TITLE 5 2 NAME	
NAME	
SINEEL RUPTOS	
CHT-S1-2P	Change Addition
TITLE NAME G2 NAMF	
STREET ADDRESS 6.3 STREET ADDRESS	

14. If do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the corporation or the receiver or truster 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, in on an attachment with an address

€ 4 CITY - ST - ZIP

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR