

ANNUAL REPORT  
1999 (1)Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 590299

1. Corporation Name

COASTAL PLASTICS + SUPPLY, INC.

Principal Place of Business

Mailing Address

13484 CHAMBERD ST.

BROOKSVILLE, FL 34614-4865

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1991

4. FEI Number

59-3093217

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

26

13484 CHAMBERD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

BROOKSVILLE, FL 34614-4865

Zip

Country

Zip

Country

24

25

29

30

HERNANDO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SASSER, DAVID C.

161 EAST JEFFERSON ST.

BROOKSVILLE, FL 34601

81 Name

LIVERMAN LARRY

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

13484 CHAMBERD ST.

83

84 City

BROOKSVILLE FL

FL

85 Zip Code

34614-4865

11. Pursuant to the provisions of Sections 607.0505 and 607.1608, 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, typed or printed name of signing officer or director (Typed name required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P.T.

LIVERMAN LARRY

18526 DAYTON ST.

SPRING HILL, FL 34610-7014

VP, S

LIVERMAN MARTHA

18526 DAYTON ST.

SPRING HILL, FL 34610-7014

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY LIVERMAN

6/22/99

Date

352-597-8697

Daytime Phone

FILED  
Jun 25, 1999 8:00 am  
Secretary of State

06-25-1999 90013 028 \*\*\*150.00