FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V06220** **(0)**

1. Corporation Name

COAST LINE INDUSTRIAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
4546 BUSTI DR SARASOTA FL 34232 US	PO BOX 17553 SARASOTA FL 34276-0553 US

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

3. Date Incorporated or Qualified: **01/13/1992**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-3102291** ☐ 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 ☑ No

9. Name and Address of Current Registered Agent

LAYCOCK, CLEVELAND E.
4546 BUSTI DR
SARASOTA FL 34232

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 607.0505 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE
NAME	LAYCOCK, CLEVELAND E	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP
STREET ADDRESS	4546 BUSTI DR	☐ Change ☐ Addition
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, and any attachments hereto, 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: Cleveland Laycock CLEVELAND LAYCOCK 4-8-96 (941) 483-8087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)