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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **V08027**

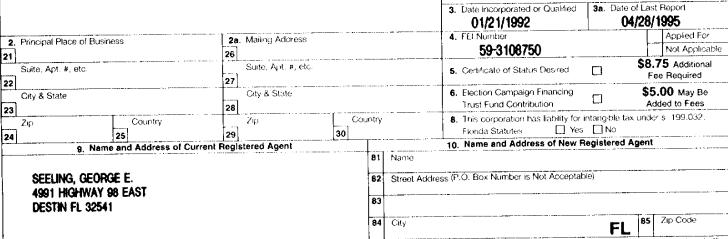
(7)

1. Corporation Name

COASTLINE FOODS, INC.

Principal Place of Business	Mailing Addres

4991 HIGHWAY 98 EAST DESTIN FL 32541 4991 HIGHWAY 98 EAST DESTIN FL 32541



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

2.	OFFICERS AND DIF	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLF	D	DELETE	. 1 1 THUE	☐ Change ☐ Addition
AME	SEELING, GEORGE E.		1.2 NAME	
IREET ADDRESS	5013 HWY. 98, EAST		1.3 STREET ADDRESS	
TY-ST-ZIP	DESTIN FL		1.4.0 (1.Y - \$1 - 7)P	
ILE	D	DELETE	2 1 THTLE	Change Addition
AME	SEELING, ELIZABETH E.		2.2 NAMÉ	
REET ADORESS	5013 HWY. 98, EAST		2.3 STREET ADDRESS	
1Y-S1-ZIP	DESTIN FL		2.4 CITY+S1-24P	☐ Change ☐ Addition
TLE		DELETE	3 1 TOTALE	Change [] Addition
ME			3.2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
ITY - ST - ZIP			3 4 CITY - ST - ZIP	D Oberes D Addition
IFE		☐ DELETE	4 1 101.6	Change Addition
AME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
TY-SI-ZIP			4.4 CHY ST-ZIP	
TLE		☐ DELETE	5 1 THLE	Change Addition
AME	1		5.2 NAME	
TREET ADDRESS			53 STREET ADDRESS	
TY - ST-ZIP			54 CITY ST ZIP	
TLF		☐ DELETE	6 1 TITLE	Change Add-tio
AME:			6.2 NAME	
TREET ADDRESS			6 3 STREET ADDRESS	
DITY-ST-ZiP			6.4 C-TY - ST - 7:P	for the exemption stated in Section 119.07(3)(k). Florida Statutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 turbulent of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 12 or \$6.6.4.8 if shanged, oy on an attachment with an address.

SIGNATURE

SINGUES OLLLESS SIGNATURE AND TYPED OF PRINTED NAME OF SIG

SIGNING OFFICER OR DIRECTOR

6/6/

Cayler & Phone #

CR2E034 (12/95)