

FILE NOW. FILING FEE AFTER MAY 1 1995 \$2

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Janet M. McHugh
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51463

(0)

1. Corporation Name

COASTAL CRAFTSMEN, INC.

Principal Place of Business

Mailing Address

PO BOX 5075
JACKSONVILLE BEACH FL 32250
US

PO BOX 5075
JACKSONVILLE BEACH FL 32250
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2191223

Apply 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

7. Does corporation have liability for withholding tax under S 1203(b)(2),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOULD, STEPHEN A
708 N THIRD STREET
JACKSONVILLE FL 32250

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

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 D
NAME LEINENWEBER, F. MICHAEL
STREET ADDRESS 312 OCEAN FRONT
CITY - ST - ZIP NEPTUNE BEACH FL 32266

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
President
Albert Valdes
1010 23rd St. N.
Jacksonville Beach 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Vice President
F. Michael Leinenweber
312 Ocean Front
Neptune Beach, FL 32266

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(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 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, on an attached worksheet.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Valdes Pres.

04-13-95

Date

Daytime Phone #