

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000013040

Entity Name: COASTAL WILDLIFE TOURS INC.

Current Principal Place of Business:

4216 LORRAINE STREET
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

4216 LORRAINE STREET
PANAMA CITY BEACH, FL 32408 US

FEI Number: 82-0597684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRASIER, LORRAINE N
4216 LORRAINE STREET
PANAMA CITY BEACH, FL 32408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FRASIER, LORRAINE N
Address 4216 LORRAINE STREET
City-State-Zip: PANAMA CITY BEACH FL 32408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORRAINE FRASIER

OWNER

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date