

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90027 019 \*\*\*150.00

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|                                                    |                                                                                   |                                                                                                          |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # 464554**  
 1. Corporation Name  
**COASTAL DIESEL SERVICES, INC**

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>2917 SW 2ND AVE.<br>FT. LAUDERDALE FL 33315-3121 | Mailing Address<br>2917 SW 2ND AVE.<br>FT. LAUDERDALE FL 33315-3121 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                |    |                     |    |                                                                                                                                                 |                                                                                                   |
|--------------------------------|----|---------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business |    | 2a. Mailing Address |    | 3. Date Incorporated or Qualified<br><b>11/04/1974</b>                                                                                          |                                                                                                   |
| 21                             | 22 | 26                  | 27 | 4. FEI Number<br><b>59-1568693</b>                                                                                                              | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                 |                                                                                                   |
| City & State                   |    | City & State        |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                              |                                                                                                   |
| Zip Country                    |    | Zip Country         |    | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                   |

|                                                             |  |  |  |                                              |                                                    |           |    |
|-------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|-----------|----|
| 9. Name and Address of Current Registered Agent             |  |  |  | 10. Name and Address of New Registered Agent |                                                    |           |    |
| NEWTON, JACK<br>2917 SW 2ND AVE.<br>FT. LAUDERDALE FL 33315 |  |  |  | 81                                           | Name                                               |           |    |
|                                                             |  |  |  | 82                                           | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|                                                             |  |  |  | 83                                           |                                                    |           |    |
|                                                             |  |  |  | 84                                           | City                                               | <b>FL</b> | 85 |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | VD <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBERTSON PHILLIP E                | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1309 COURTNEY OAK LANE             | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | KNOXVILLE TN                       | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | PD <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORGAN, HUGH W.                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 7725 BERKSHIRE BLVD.               | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | POWELL TN                          | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUILLEN, HAROLD E.                 | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8415 TALIAFERRO RD.                | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | EAGLEVILLE TN                      | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | V <input type="checkbox"/> DELETE  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NEWTON, JACK E.                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 13127 CENTER AVE                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LARGO FL                           | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |                                                                   |

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: Jack E. Newton DATE: 3/30/98 DAYTIME PHONE #: 9545256395

CRP294 (11/98)