# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10: 21

DOCUMENT # **H99553** **(0)**

1. Corporation Name

**COASTAL ELECTRIC COMPANY OF FLORIDA**

| Principal Place of Business | Mailing Address |
|---|---|
| 6931-1 LILLIAN RD.<br>JACKSONVILLE FL 32224<br>US | 6931-1 LILLIAN RD.<br>JACKSONVILLE FL 32224<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1986**
3a. Date of Last Report: **04/27/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2759 St. Johns Bluff Road | 26 2759 St Johns Bluff Road |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Jax. Fl. | 28 City & State: Jax. Fl. |
| 24 Zip: 32246 25 Country: Duval | 29 Zip: 32246 30 Country: Duval |

4. FEI Number: **59-3044054** ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| SANDERS THOMAS J<br>COASTAL ELECTRIC COMPANY OF FLORIDA<br>6931-1 LILLIAN RD<br>JACKSONVILLE FL 32224 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SANDERS, JEFFERY T | 12 NAME | |
| STREET ADDRESS | 6906 POTTSBURG DR | 13 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 14 CITY ST ZIP | |
| TITLE | P | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SANDERS, THOMAS J | 22 NAME | |
| STREET ADDRESS | 14620 SAN PABLO DR N | 23 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 24 CITY ST ZIP | |
| TITLE | ST | 31 TITLE | ☐ Change ☐ Addition |
| NAME | PHILLIPPE, GINI B | 32 NAME | |
| STREET ADDRESS | 2121 AVIAN PLACE | 33 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 34 CITY ST ZIP | |
| TITLE | EV | 41 TITLE | ☐ Change ☐ Addition |
| NAME | SANDERS, ROBERT G | 42 NAME | |
| STREET ADDRESS | 14454 SAN PABLO DR. N. | 43 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL 32224 | 44 CITY ST ZIP | |
| TITLE | V | 51 TITLE | ☐ Change ☐ Addition |
| NAME | LINDSAY, ROGER H | 52 NAME | |
| STREET ADDRESS | 2315 WALTERS RD. | 53 STREET ADDRESS | |
| CITY ST ZIP | MIDDLEBURG FL 32068 | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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 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.

**SIGNATURE:** Gini B. Phillippe Secretary/Treasurer 3/30/95 (904) 645-0020
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
GINI B. PHILLIPPE

0408400 FP