FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

COASTAL ELECTRIC COMPANY OF FLORIDA

Principal Place of Business
2759 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32246
US

Mailing Address
2759 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32246
US

3. Date Incorporated or Qualified: **01/31/1986**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

SANDERS THOMAS J
COASTAL ELECTRIC COMPANY OF FLORIDA
~~6931 1 LILLIAN RD~~ 2759 St Johns Bluff Road
JACKSONVILLE FL ~~32224~~ 32246

10. Name and Address of New Registered Agent

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 607.0505, 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 Thomas J Sanders May 3/96
Signature of Registered Agent Date

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	SANDERS, JEFFERY T	
STREET ADDRESS	6906 POTTSBURG DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	☐ DELETE
NAME	SANDERS, THOMAS J	
STREET ADDRESS	14620 SAN PABLO DR N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	PHILLIPPE, GINI B	
STREET ADDRESS	2121 AVIAN PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EV	☐ DELETE
NAME	SANDERS, ROBERT G	
STREET ADDRESS	14454 SAN PABLO DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	~~V~~	☐ DELETE
NAME	~~LINDSAY, ROGER H~~	
STREET ADDRESS	~~2315 WALTERS RD.~~	
CITY-ST-ZIP	~~MIDDLEBURG FL 32068~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied herein, being true and correct, furthermore I am not delinquent for the filing of Articles of Incorporation, Statutory Designation of Registered Agent, or Annual Report, and that the information indicated on this annual report or supplemental annual report is true and correct 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 the 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 May 3/96 (904) 645-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number