FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2759 ST. JOHNS BLUFF ROAD JACKSONVILLE FL 32246 US	2759 ST. JOHNS BLUFF ROAD JACKSONVILLE FL 32246-3703 US

3. Date Incorporated or Qualified: 01/31/1986
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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
2759 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 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 607.1508, 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: Thomas J. Sanders — Thomas J. Sanders President — April 21, 1997
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	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, JEFFERY T		1.2 NAME	
STREET ADDRESS	6906 POTTSBURG DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, THOMAS J		2.2 NAME	
STREET ADDRESS	14620 SAN PABLO DR N		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPPE, GINI B		3.2 NAME	
STREET ADDRESS	~~2121 AVIAN PLACE~~ 830 Chicopit Lane		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP	
TITLE	EV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, ROBERT G		4.2 NAME	
STREET ADDRESS	14454 SAN PABLO DR. N.		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Gini B. Phillippe REQUIRED — April 21/97 — (904) 645-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gini B. Phillippe