

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00
Secretary of State

DOCUMENT # **P38737** (3)
1. Corporation Name
COASTAL TRANSPORT, INC.



Principal Place of Business Mailing Address
POST OFFICE DRAWER 7119 SAVANNAH GA 31481

3. Date Incorporated or Qualified **05/11/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2612918** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**JACOBS, MILTON E.
502 E. BRIDGERS AVE.
AUBURNDALE FL 33823**

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 _____ Signature, typed or printed name of registered agent as stated in application. (Date) _____ Registered Agent Signature required when filing. (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC BOSTICK, GUY 502 E. BRIDGERS AVE. AUBURNDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVP BOSTICK, R. MARK 502 E. BRIDGERS AVE. AUBURNDALE FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VTD JACOBS, MILTON E. 502 E. BRIDGERS AVE. AUBURNDALE FL	<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	P CONWAY, JAMES 502 E. BRIDGERS AVE. AUBURNDALE FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	S READY, BILLY R 502 E. BRIDGERS AVE. AUBURNDALE FL	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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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)(k), 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: *Billy R. Ready* Billy R. Ready, Sec. 4/30/96 (941) 967-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)