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Mar 03 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 # P38737

(3)

1. Corporation Name
COASTAL TRANSPORT, INC.



Principal Place of Business

POST OFFICE DRAWER 7119
SAVANNAH GA 31481

Mailing Address

POST OFFICE DRAWER 7119
SAVANNAH GA 31418-7119

3. Date Incorporated or Qualified

05/11/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

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

(If a new agent or director is being registered, the signature of the registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	BOSTICK, GUY	
STREET ADDRESS	502 E. BRIDGERS AVE.	
CITY - ST - ZIP	AUBURNDALE FL	
TITLE	DEVP	☐ DELETE
NAME	BOSTICK, R. MARK	
STREET ADDRESS	502 E. BRIDGERS AVE.	
CITY - ST - ZIP	AUBURNDALE FL	
TITLE	VTD	☐ DELETE
NAME	JACOBS, MILTON E.	
STREET ADDRESS	502 E. BRIDGERS AVE.	
CITY - ST - ZIP	AUBURNDALE FL	
TITLE	P	☐ DELETE
NAME	CONWAY, JAMES	
STREET ADDRESS	502 E. BRIDGERS AVE.	
CITY - ST - ZIP	AUBURNDALE FL	
TITLE	S	☐ DELETE
NAME	READY, BILLY R	
STREET ADDRESS	502 E. BRIDGERS AVE.	
CITY - ST - ZIP	AUBURNDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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:

Billy R. Ready
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-97 941-967-1101

CR2E034 (9/96)