

FILED

Oct 01 1998 8:00am

Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT <b>AMENDED</b>		FLORIDA DEPARTMENT OF STATE Sandra S. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000006194 (2)**  
 1. Corporation Name  
**COASTAL LOADING, INC.**

Principal Place of Business Mailing Address  
**26743 McLAUGHLIN BLVD. SAME**  
**BONITA SPRINGS, FL 34134**



AMENDMENT

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>01/18/1994</b>	
4. FFI Number <b>65-0465311</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WILLIAMSON, BRETT H.</b> <b>26743 McLAUGHLIN BLVD</b> <b>BONITA SPRINGS, FL 34134</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE Pres.	<input type="checkbox"/> DELETE
NAME	<b>DAN RICHARDSON</b>
STREET ADDRESS	<b>24131 MOUNTAIN VIEW DRIVE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>500002653955</b>
5.3 STREET ADDRESS	<b>-10/02/98--01008--030</b>
5.4 CITY-ST-ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Dan Richardson Date: 8-24-98 Phone Number: 941 633-9733

CFR2504 (10/97)