

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

DOCUMENT # **P95000006158 (6)**

1. Corporation Name
COASTAL LOGISTICS, INC.



Principal Place of Business: **1315 1ST STREET NEPTUNE BEACH FL 32266**
Mailing Address: **1315 1ST STREET NEPTUNE BEACH FL 32266**

3. Date Incorporated or Qualified: **01/24/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **300 N. 2ND ST**
Suite, Apt. #, etc.: **SUITE 20**
City & State: **JACKSONVILLE BEACH, FL**
Zip: **32250**
Country: **DOVAL**
22
2a. Mailing Address
26 **P.O. BOX 331477**
Suite, Apt. #, etc.
City & State: **ATLANTIC BCH FL**
Zip: **32233-1477**
Country: **USA**
27
23
24

4. FEI Number: **59-3289617**
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
**TAYLOR, RANDALL
122 SOUTH STREET
NEPTUNE BEACH FL 32266**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE: **PRESIDENT** DELETE
NAME: **RANDALL TAYLOR**
STREET ADDRESS: **1315 1ST ST**
CITY-ST-ZIP: **NEPTUNE BCH FL 32266**
TITLE: **VP/Sec** DELETE
NAME: **JAY SCHUMANN**
STREET ADDRESS: **107 TURTLE WALK**
CITY-ST-ZIP: **PONTE VEDRA BCH FL 32082**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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 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 or changed, or on an attachment with an address

SIGNATURE: Jay A. Schumann **JAY A. SCHUMANN** 3/10/96 904-241-9700
DATE: Daytime Phone #

CR2E034 (12/95)