FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 31461	POST OFFICE DRAWER 7119 SAVANNAH GA 31461

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 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, and title if applicable) (Each Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOSTICK, GUY		1.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-ST-ZIP	
TITLE	DEVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOSTICK, R. MARK		2.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		2.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, MILTON E.		3.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CONWAY, JAMES		4.2 NAME	
STREET ADDRESS	502 E. BRIDGENS AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	READY, BILLY R		5.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.		5.3 STREET ADDRESS	
CITY-S-ZIP	AUBURNDALE FL		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	

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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)(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 Billy R. Ready, Jr. 4/30/96 (941) 967-1101 Date Daytime Phone

CR2E034 (12/95)