DOCUMENT	F# P02000069156			Apr 26, 2022
Entity Name	: COASTAL CONSTRUCTION AND PETRO	LEUM SERVIC	ES, INC.	Secretary of State 6408626023CC
Current Prir 5764 LENOX A JACKSONVILL				0408020023CC
Current Mai	ling Address:			
5764 LENOX JACKSONV	(AVE ILLE, FL 32205 US			
FEI Number	: 04-3693519		Certificate of	Status Desired: Yes
Name and A	ddress of Current Registered Agent:			
LYNCKER, CAI 4524 SAPPHO	REY O'NEILL III			
	E, FL 32205 US			
JACKSONVILL		gistered office or regis	tered agent, or both,	in the State of Florida.
JACKSONVILL	E, FL 32205 US	gistered office or regis	tered agent, or both,	in the State of Florida. 04/26/2022
JACKSONVILL	E, FL 32205 US I entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both,	
JACKSONVILL	E, FL 32205 US d entity submits this statement for the purpose of changing its reg E: CAREY LYNCKER Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both,	04/26/2022
JACKSONVILL	E, FL 32205 US d entity submits this statement for the purpose of changing its reg E: CAREY LYNCKER Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both,	04/26/2022
JACKSONVILLI The above named SIGNATURE Officer/Dire	E, FL 32205 US d entity submits this statement for the purpose of changing its reg E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent ctor Detail :			04/26/2022 Date
JACKSONVILLI The above named SIGNATURE Officer/Dire Title	E, FL 32205 US d entity submits this statement for the purpose of changing its reg E: CAREY LYNCKER Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	04/26/2022 Date
JACKSONVILLI The above named SIGNATURE Officer/Dire Title Name Address	E, FL 32205 US d entity submits this statement for the purpose of changing its reg E: CAREY LYNCKER Electronic Signature of Registered Agent Ctor Detail : P LYNCKER, CAREY O SR.	Title Name Address	VP LYNCKER, CAR	04/26/2022 Date
JACKSONVILLI The above named SIGNATURE Officer/Dire Title Name Address	E, FL 32205 US d entity submits this statement for the purpose of changing its reg E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent Ctor Detail : P LYNCKER, CAREY O SR. 5764 LENOX AVENUE	Title Name Address	VP LYNCKER, CAR 5764 LENOX AV	04/26/2022 Date
JACKSONVILLI The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E, FL 32205 US d entity submits this statement for the purpose of changing its reg CAREY LYNCKER Electronic Signature of Registered Agent Ctor Detail : P LYNCKER, CAREY O SR. 5764 LENOX AVENUE JACKSONVILLE FL 32205	Title Name Address	VP LYNCKER, CAR 5764 LENOX AV	04/26/2022 Date
JACKSONVILLE The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E, FL 32205 US d entity submits this statement for the purpose of changing its reg E <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent ctor Detail : P LYNCKER, CAREY O SR. 5764 LENOX AVENUE JACKSONVILLE FL 32205 T	Title Name Address	VP LYNCKER, CAR 5764 LENOX AV	04/26/2022 Date
JACKSONVILLE The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	E, FL 32205 US d entity submits this statement for the purpose of changing its reg CAREY LYNCKER Electronic Signature of Registered Agent Ctor Detail : P LYNCKER, CAREY O SR. 5764 LENOX AVENUE JACKSONVILLE FL 32205 T LYNCKER, CAROLYN Y 5764 LENOX AVE	Title Name Address	VP LYNCKER, CAR 5764 LENOX AV	04/26/2022 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAREY LYNCKER III

PROJECT MANAGER

04/26/2022

FILED

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Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT