

**2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P38737

**Entity Name:** COASTAL TRANSPORT, INC.

**Current Principal Place of Business:**

502 E. BRIDGERS AVENUE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

502 E. BRIDGERS AVENUE  
AUBURNDALE, FL 33823

**FEI Number:** 59-2612918

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REID, STEVEN  
Address        322 GRANGE ROAD  
City-State-Zip: PORT WENTWORTH GA 31407

Title            TREASURER  
Name            FOX, ROBERT  
Address        502 E. BRIDGERS AVE.  
City-State-Zip: AUBURNDALE FL 33823

Title            SECRETARY  
Name            ROOP, RENEE  
Address        502 E. BRIDGERS AVENUE  
City-State-Zip: AUBURNDALE FL 33823

Title            DIRECTOR  
Name            RYAN, MICHAEL P  
Address        502 E. BRIDGERS AVENUE  
City-State-Zip: AUBURNDALE FL 33823

*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: RENEE ROOP**

**SECRETARY**

**08/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date