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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

139984

(9)

## COASTAL PETROLEUM COMPANY

**FILED** Feb 20 1997 8:00am Secretary of State



Principal Place	o Business	Mailing Address		·····		
78-8 MARKET STREET P.O. BOX 809 APALACHICOLA FL 32329 US						
					3. Date Incorporated or Qualified 12/02/1940	3a. Date of Last Report 02/21/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		06-0674801	Not Applicable	
Suite Apt		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Strite		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	25 29 30		Country 30	8. This corporation has liability for intangible tax under s. 199.032.  Florida Statutes Yes No  10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent  81 Name and Address of Current Registered Agent					10. Name and Address of New nagistered Agent	
CT CORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ie)
1 1	ITINITON I E 00027		83			
			84	City		<b>85</b> Zip Code
				l		FL
<ol> <li>office or re</li> </ol>	o the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was	authorized b	v the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered if the appointment as registered
SIGNATURE	Signature 15 and at probled name of 4 gas on Head	era portitite il applicator (NC	OTE Registered Ag	ent signature requir	red when reinstating)	DATE
12.		ID DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TIFLE	D	L DELETE 1.11				☐ Change ☐ Addition
NAME	HEATH, BENJAMIN W.	•	1.2 NAME	]		
STREET ALLORESS	1600 DOVE ST STE 415		1.3 STREET ADDRESS			
CITY-ST 2.0 THUE	NEWPORT BCH CA 92680		1.4 C(TY - ) 2.1 T(TLE	ST-ZIP		Change Addition
NAME	REASONER, C DEAN		2.2 NAME			
STHEET A 108ESS	888 17TH ST NW SUITE 800		23 STREET ADDRESS			
CITY ST-ZIP	WASHINGTON,DC 20006		2.4 CITY-	ST-ZIP		
T(1, E	PD DELETE 3.1		3.1 TITLE			Change Addition
NAM:	Transprinces Tr.		3.2 NAME			
STREET ADDITIONS	100 11111111111111111111111111111111111			T ADDRESS		
0/19 - ST - ZIP 10/16	APALACHICOLA FL 32320			ST-ZIP		Change Addition
NAME	ST Joyce, James R	L. Detter	4.1 TITLE 4.2 NAME	İ		C Availage C Magnion
STREET ACCUREDS				T ADDRESS		
City-51 ZIP			4.4 CITY			
TUTE			5.1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CHY \$1 72		Ber Park	5.4 C/TY	ST - ZIP		Dobas District
1-11-1		DECETE	61 TITLE			Change Addition
NAMI CAMITA A CONSTRUCTION			62 NAME	7 4D0D000		
STREET A TIDRES				T ADDRESS		
City - 51 - 74º			64 CITY-	S1-ZIP	0.00	

I do hereby corlly that the information specified 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 Tam an office or office or office of ordination 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. 2/13/97

SIGNATURE: