FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 2:38

DOCUMENT # **345140** **(8)**

1. Corporation Name
ASSOCIATED COASTAL ENTERPRISES INC

Principal Place of Business	Mailing Address
%TANA N. THOMPSON 23458 CROOM RD BROOKSVILLE FL 34601	%TANA N. THOMPSON 23458 CROOM RD BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1969
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 1251 W. Sunset Dr.
22 Suite, Apt. #, etc.:
23 City & State: Talladega
24 Zip: AL
25 Country: 35160

2a. Mailing Address
26: 1251 W. Sunset Dr
27 Suite, Apt. #, etc.:
28 City & State: Talladega
29 Zip: AL
30 Country: 35160

4. FEI Number: 59-1279597 ☐ 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

THOMPSON, TANA N.
23458 CROOM RD
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name: MRS. ELSA CULLER
82 Street Address (P.O. Box Number is Not Acceptable): 7409 WOOD HOLLOW RD
83:
84 City: Spring Hill FL 85 Zip Code: 34606

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: Elsa K. Culler — Elsa Culler — 6-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	PSTD	☒ Change ☐ Addition
NAME	THOMPSON, TANA	12 NAME		
STREET ADDRESS	23458 CROOM RD	13 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	DV	☒ Change ☐ Addition
NAME	SIBERT, DOROTHY J	22 NAME	Sibert, Dorothy J	
STREET ADDRESS	5004 DOMAIN PL	23 STREET ADDRESS	5004 Domain Place	
CITY-ST-ZIP	ALEXANDRIA VA	24 CITY-ST-ZIP	Alexandria, VA	
TITLE	VID	31 TITLE		☒ Change ☐ Addition
NAME	THOMPSON, KENNETH W.	32 NAME		
STREET ADDRESS	23458 CROOM RD	33 STREET ADDRESS	remove	
CITY-ST-ZIP	BROOKSVILLE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	PAUL KENDALL	
STREET ADDRESS		43 STREET ADDRESS	30 PIN OAK DR	
CITY-ST-ZIP		44 CITY-ST-ZIP	ALBURTIS, PA 18011	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Tana N. Thompson 6/1/95 205-268-0326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384458 CP