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

APPROVED AND FILED
95 APR 19 PM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **420749** **(4)**

1. Corporation Name
INTERCOASTAL UTILITIES, INC.

Principal Place of Business	Mailing Address
1300 GULF LIFE DRIVE JACKSONVILLE FL 32207	1300 GULF LIFE DRIVE JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1973
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 1300 Riverplace Blvd.	26 1300 Riverplace Blvd.
Suite, Apt. #, etc. 22 Suite 620	Suite, Apt. #, etc. 27 Suite 620
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32207 / 25	Zip / Country 29 32207 / 30

4. FEI Number: 59-2320184 ☐ 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	10. Name and Address of New Registered Agent
BRANNEN, W M 1300 GULF LIFE DRIVE JACKSONVILLE, FLORIDA 32207	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1300 Riverplace Blvd., Suite 610 83 84 City: Jacksonville FL 85 Zip Code: 32207

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	BURPEE, A L JR	12 NAME	
STREET ADDRESS	1300 GULF LIFE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	JAMES, H R	22 NAME	
STREET ADDRESS	6215 WILSON BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	
TITLE	SVTD	31 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, W M	32 NAME	
STREET ADDRESS	1300 GULF LIFE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	OUTLAW, A. L.	42 NAME	
STREET ADDRESS	1300 GULF LIFE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TOWERS, JR., C. D.	52 NAME	
STREET ADDRESS	1300 GULF LIFE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BURCH	62 NAME	
STREET ADDRESS	20 LONG HILL FARM	63 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD, CONN 00000	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)(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 added on an attachment with an address.

SIGNATURE: W M Brannen 4/11/95 (904) 396-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W. M. Brannen

0010146 CP