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FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 420749

(4)

1. Corporation Name  
INTERCOASTAL UTILITIES, INC.

Principal Place of Business

1300 RIVERPLACE BLVD.  
STE 620  
JACKSONVILLE FL 32207  
US

Mailing Address

1300 RIVERPLACE BLVD.  
STE 620  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1973

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BRANNEN, W M  
1300 RIVERPLACE BLVD.  
STE 610  
32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME BURPEE, A L JR  
STREET ADDRESS 1300 GULF LIFE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD  
NAME JAMES, H R  
STREET ADDRESS 6215 WILSON BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE SVTD  
NAME BRANNEN, W M  
STREET ADDRESS 1300 GULF LIFE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DV  
NAME OUTLAW, A. L.  
STREET ADDRESS 1300 GULF LIFE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME TOWERS, JR., C. D.  
STREET ADDRESS 1300 GULF LIFE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DV  
NAME WILLIAMS, BURCH  
STREET ADDRESS 20 LONG HILL FARM  
CITY-ST-ZIP GUILFORD, CONN 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/98 904-596-1010

CR2E034 (10/97)