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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 420749

(4)

FILED
Apr 21 1998 8:00am
Secretary of State

Principal Pia	ion Name ICOASTAL UTILITIES, INC. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc	Mailing Address 1300 RIVERPLACE BLVD.			
STE 620 JACKSONVILLE FL 32207		STE 620 JACKSONVILLE FL 32207		DO NOT WRITE IN THIS SPACE	
US	LLE FL 3220/	US		3. Date Incorporated or Qualified	
••				03/09/1973	•
a Principal	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
1	1 1000 07 1303111033	26		59-2320184	Not Applicab
Suite, Ar	ot # etc	Suite, Apt. #, etc.		38 2320 104	SR 75 Additional
2	,	27		5. Certificate of Status Desired	Fee Required
City & St	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has s	
4	25	29	30	Personal Property Tax due Jur	·
-1	g Name and Address of Curr		LT-1	10. Name and Address of New F	
	RANNEN, W M		B1 Name		
	300 RIVERPLACE BLVD.				
	TE 610		82 Street Add	dress (P.O. Box Number is Not Accept	able)
-	2207		83		
J	2201		50		
			84 City		85 Zip Code
					FL B 2000
office o agent.	r registered agent, or both, in the Sta ani familiar with, and accept the obt	ate of Florida. Such change was a ligations of, Section 607.0505, Florida	authorized by the corpora orida Statutes.	poration submits this statement for the ation's board of directors. I hereby acc	a purpose or changing its registered cept the appointment as registered
SIGNATUR	Signature, typed or pointed name of registered a	agont and little if applicable (NOT)	F: Registered Agent signature requ	ured when rainstating)	DATÉ
SIGNATURI 12.	Signature, typied or pointed name of registered a OFFICERS A	agent and lette if appticable (NOTI	F: Registered Agent signature requ	ured when rainstating)	DATE FICERS AND DIRECTORS IN 12
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Figuration on this annual report or supplemental annual report is gue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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 attachnost with any odress.

SIGNATURE: